

2016

# MOCT 603 Domains and Process I: Birth to Early Adult

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COLLEGE OF PROFESSIONAL SCIENCES  
DEPARTMENT OF OCCUPATIONAL THERAPY  
**MOCT 603 (6 credit hours)**  
**Domains and Process I (Birth to Early Adult)**  
*Course Syllabus Fall 2016*

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<b>OFFICE HOURS:</b>	<b>By confirmed appointment only</b>	<b>By confirmed appointment only</b>
Email for other options	Tues & Thurs 7:30 – 8:00	Tues or Thurs 11:30 – 12:00
<b>CLASS LECTURE:</b>	Tuesday & Thursday 8:30 – 11:15	
<b>LECTURE ROOM:</b>	Cohen 35	
<b>LAB, SECT. 1:</b>	Tuesday 12:00 – 2:45	
<b>LAB, SECT. 2:</b>	Thursday 12:00 – 2:45	
<b>LAB, SECT. 3:</b>	Friday 12:00 – 2:45	
<b>LAB ROOM:</b>	Cohen 42 (and community sites as noted on schedule)	

### COURSE DESCRIPTION

Combination lecture and lab; covers scope of occupational therapy process according to Occupational Therapy Practice Framework from birth through young adult age group at individual, group, community, and societal levels. Content includes conditions resulting in impaired occupational performance and interventions for health promotion, prevention, and remediation. Clinical reasoning and evidence-based practice are used throughout.

### ABBREVIATED PROGRAM MISSION STATEMENT

To educate and prepare future occupational therapists who:

- Practice as ethical, competent, and caring professionals using critical, creative, and reflective thinking as lifelong learners
- Utilize and support the production of scholarship to promote occupational participation and advance the profession
- Promote and advocate for occupational justice for persons, groups, and populations
- Respond to the occupational needs of a diverse, complex, interdependent, and ever-changing global society

### ABBREVIATED PROGRAM PHILOSOPHY STATEMENT

We believe:

- Humans are biopsychosocial beings who are transformed by participation in occupation.
- Participation in meaningful occupations shapes human lives and is intrinsically connected to one's health and well-being.
- Occupational therapists form a dynamic and collaborative relationship with service recipients to maximize their (i.e. service recipients'') occupational participation and realize their occupational potential.
- Best practice in occupational therapy is client-centered, occupation-based, evidence-based, and grounded in sound ethical principles.
- Students learn best through active engagement in authentic and learner-centered learning experiences

### RELATIONSHIP TO INSTITUTIONAL MISSION

- Develop competencies to meet the needs of children and their families in a changing global society
- Engage students intellectually, morally and spiritually as they apply occupation for lives of service and success
- Empower students to integrate theory, applied knowledge, compassion, human values, and ethical behavior into their roles as occupational therapy practitioners
- Apply cooperative, innovative approaches with interprofessional problem-solving for optimal health and participation of individuals or populations
- Provide a rigorous, analytical, and reflective learning environment which is respectful of the culture, dignity, and needs of others

## RELATIONSHIP TO CURRICULUM DESIGN

- First of two major courses integrating basic science knowledge (occupational science) with applied science knowledge and skills (occupational therapy theory and practice). Content addresses first half of human developmental lifespan.
- Students synthesize previous theoretical course content to perform the OT process for individuals, groups, communities, and societies relevant to this age span. Concepts related to occupation-based, client-centered, ethically-based intervention, and evidence-based decision making are applied.
- Student critical thinking, creative problem solving, and clinical reasoning (narrative, procedural, ethical, pragmatic and scientific) are required to perform OT process while considering effects of conditions that impede occupational performance participation.
- Primarily addresses roles of practitioner (key emphasis of this course), and educator; skills related to the role of researcher are also required.
- Concepts related to confluence, diversity, and spirituality embedded in course in addition to underlying concepts related to occupational and social justice.
- Student reflection integrated as a vital component of student centered learning and self direction for personal and professional growth and development.
- Concurrent coursework complements this content: assistive technology intervention for this population; Level I fieldwork (lived experience in clinical practice site); theoretical foundations; and management, supervisory, advocacy, and marketing at micro level.
- Student professional behavior, cultural competency and interpersonal communication skill development concurrently embedded in Level I fieldwork.

## REQUIRED READINGS

**NOTE:** Students are required to **complete all assigned readings prior to the class session/lecture**. Announced and unannounced quizzes of the required readings will be included as an evaluation procedure. Students are expected to integrate the knowledge and skills from **all** prerequisite course content into this course. Thus, students may need to refresh their knowledge and refer back to prior texts and course information for success in this course.

**REQUIRED TEXT** (Assigned readings noted in schedule by abbreviation in capital letters at end of references.)

Bly, L. (2011). *Components of typical and atypical motor development*. Laguna Beach, CA: Neuro-Developmental Treatment Association, Inc. **BLY**

Case-Smith, J., & O'Brien, J.C. (Eds.). (2015). *Occupational therapy for children and adolescents* (7th ed.). Maryland Heights, MO: Mosby Elsevier. **C-S**

Edwards, S. J., Buckland, D. J., & McCoy-Powlen, J. D. (2002). *Developmental and functional hand grasps*. Thorofare, NJ: Slack Inc. **EB&M-P**

## RECOMMENDED TEXT

Asher, I. E. (Ed.). (2014). *Occupational therapy assessment tools: An annotated index* (4th ed.). Bethesda, MD: American Occupational Therapy Association, Inc.

## ADDITIONAL READINGS

Posted in Canvas are noted as **Required** or as **Additional/Optional Information**. Additional information references are provided as resources that you the instructors have deemed valuable but will not be included on quizzes or exams. You may want to use these references during this class or for future practice.

## PRIMARY COURSE OBJECTIVES

Upon successful completion of course requirements, student will demonstrate competence in evaluation, screening and referrals as well as formulating and implementing intervention plans for clients within the age range from birth through early adulthood, including the following objectives:

Objective	2011 ACOTE Standards	Course Evaluation Method (#)	ACOTE Assessment Measure
<b>B.4.0 Screening, evaluation and referral</b>			

1. Select and use proper procedures and protocols (as appropriate) for screening and assessment tools to determine the occupational abilities and needs of clients. (Tools include specific screening tools, assessments, skilled observations, histories, interview with client and family. Selection based on client needs, contextual factors and psychometric properties of tests; incorporates use of occupation.)	B.4.1& B.4.3  B.4.2	2, 7, 14  2, 14	1, 3, 7  1, 3
2. Evaluate client's occupational performance in ADL, IADL, education, work, play, leisure and social participation. This includes occupational profile, client factors, performance patterns, performance skills, and contexts (review of all included areas as thoroughly stated in OTPF-3).	B.4.4	2, 4, 7	1, 7
3. Demonstrates the ability to use statistics to interpret test & measures. Interpret screening and evaluation data, including criterion- & norm-referenced tools based on understanding of sampling, normative data, reliability & validity. Interpretation considers possible biases (related to client's culture, disability or contexts). Appropriately document interpreted results using accepted professional terminology.	B.1.7 B.4.6 B.4.7 B.4.8 B.4.10	7 7, 14 2, 7, 14 7 4	1, 7 1, 3, 7 1, 3, 7 1 1
<b>B.5.0 Intervention plan: formulation and implementation</b>			
4. Use evaluation findings, based on appropriate theoretical approaches and occupational profile, to develop occupation-based plans and strategies which are culturally relevant, reflecting review of current evidence-based practice. Select and provide interventions to enhance occupational performance in ADL, IADL, education, work, play, leisure and social participation and to promote health/safety. Plan and provide interventions to address occupational profile interests and needs, client factors, performance patterns, contexts and performance skills (per OTPF-3).	B.5.1  B.5.2	1, 2, 3, 14  2, 8, 10, 14	1, 3, 6  1, 3, 5, 7
5. Design and Implement interventions both individually and in groups: <ul style="list-style-type: none"> <li>• provide therapeutic use of occupation based activities, practice skills, and preparatory methods</li> <li>• provide training in self-care and self-management</li> <li>• provide development, remediation, and compensation (for physical, cognitive, perceptual, sensory, neuromuscular or behavioral skills),</li> <li>• provide therapeutic use of self (incl. personality, insights, perceptions)</li> <li>• provide management of feeding and eating (for liquids/food items: moving to mouth, manipulation within mouth, and swallowing)</li> <li>• training others for techniques to promote all of the above</li> </ul>	B.5.3 & B.5.4  B.5.5 B.5.6  B.5.7  B.5.14	8, 10  13 8, 10, 13  8, 10, 13, 15 2, 3	1, 5, 7  2 1, 2, 5, 7  1, 2, 5, 7  1, 6
6. Integrate the role of OT in case coordination, case management, and emerging practice areas. Implement culturally competent services in the home or community to promote performance in the natural environment and ease service transitions for participation in all relevant contexts.	B.6.1 B.5.17 B.6.4 B.5.27	6, 10, 14  6, 8, 10, 14	1, 3, 7  1, 3, 7
7. Demonstrate skills for therapeutic service implementation including: the ability to educate client & family, significant others to facilitate skills in areas of occupation, prevention and health/safety; and when and how to use the consultative process with programs, organizations, or communities.	B.5.19 B.5.20 B.5.21 B.5.26	For all: 2, 10, 12, 13	1, 2, 3, 7
8. Monitor/reassess client(s) to modify the interventions, grade or adapt the environment or occupation to meet the changing needs of the client or context.	B.5.23 B.5.28	2, 3, 6	1, 6
9. Plan for discharge, including current status, resources, summary of outcomes, appropriate recommendations and post-discharge needs/programs. Terminate services appropriately when desired outcomes have been reached.	B.5.29 B.5.30 B.5.31	2, 3, 6  2, 3, 14	1, 6  1, 3, 6
10. Document occupational therapy services to meet the standards for the profession and reimbursement; effectively communicating according to the context in which the service is provided. Modify practice as needed to improve future outcomes.	B.5.32	4, 5, 6	1
<b>B.2.0 Basic tenants of occupational therapy</b>			

11. Analyze effects of physical and mental health, genetic conditions, disability and disease on occupational performance to the individual within the cultural context of family and society on occupational performance. Analyze and explain tasks relative to performance skills, patterns and contexts.	B.2.6 B.2.7	1, 2, 3, 9, 11, 12 1, 2, 3, 9, 11, 12	1,3, 6 1,3, 6
<b>Objective</b>	<b>2011 ACOTE Standards</b>	<b>Course Evaluation Method (#)</b>	<b>ACOTE Assessment Code</b>
<b>B.6.0 and B.7.0</b>			
12. Differentiate among the contexts of health care, education, community and social systems as they relate to occupational therapy practice. Articulate how the practice setting and trends in models of service delivery impact occupational therapy services.	B.6.1 B.6.5	6, 9, 12, 13, 14 6, 9, 12, 14	1, 2, 3 1, 3

Key to ACOTE Assessment Measure: 1 Assignment; 2 Lab Test; 3 Objective Test; 5 Project; 6 Presentation; 7 Demonstration; 8 Other - specify

## COURSE POLICIES (Listed alphabetically)

### ACADEMIC HONESTY

**Any incident of academic dishonesty is serious misconduct.** Any instance of academic dishonesty will result in a **zero** for the **assignment AND for the entire semester Professional Behavior grade**. This **doubles** the impact for any infraction. Additionally, **a zero for the entire course is highly probable**.

### Occupational Therapy Department Policy:

From Department of Occupational Therapy *Student Handbook*:

The Department of Occupational Therapy adheres to the University's policy regarding academic honesty as outlined in Xavier University's Catalog (Xavier University, 2015e). All work submitted must be independently completed by the student unless the assignment has been designated as a group or team effort. Specifically, sharing of assignments electronically via computer, Facebook, Google Docs (or other electronic repository) and/or via paper or Word document is considered dishonesty unless it is a sanctioned project given explicit faculty approval. No credit will be given for assignments completed in violation of the University's policy outlining cheating, plagiarism and falsification. It is expected that the student will adhere to standard guidelines in properly citing the work of others and in adhering to ethical scientific standards in reporting research results (see 44. Writing Style Requirements). As stated in the University policy, students found to be in violation of the Academic Honesty policy may receive an "F" for the course and be considered for expulsion from the University.

### ACCOMMODATIONS

The goal for this class is for it to be an accessible and welcoming experience for all students. If you are a student with a disability who may have trouble participating or effectively demonstrating learning in this course, contact me to arrange an appointment to share your Accommodation Letters from Disability Services and to discuss your needs. Disability related information is confidential. If you have not contacted Disability Services (located in the Learning Assistance Center) to arrange accommodations, I encourage you to do so by contacting Cassandra Jones, by phone at 513-745-3280, in person on the Fifth Floor of the Conaton Learning Commons, Room 514, or via e-mail at [jonesc20@xavier.edu](mailto:jonesc20@xavier.edu) as soon as possible as accommodations are not retroactive.

### ATTENDANCE POLICY

Since this is both a lecture and lab course, experiential activities are an integral part of all components of the course. Attendance and punctuality are aspects of your professional behavior and are required for maximal benefit from this course. Attendance will be recorded BOTH for considered in final grade calculation and as part of your professional behavior. Each student must 'sign in' for each lecture. You may NOT sign in for another student. Failure to 'sign in' will be considered an unexcused absence. 'Sign in' by taking your own name tag as you enter. Occupational therapy students are expected to attend all scheduled classes, labs, and fieldwork practicums and arrive to the same in a timely manner. Attendance will be tracked and will impact a student's final course grade as follows.

1. Two late arrivals or early departures (including all meetings with faculty and clinical tutors) equal one unexcused absence.

- i. A tardy or late arrival occurs when a student enters the classroom or meeting after the session has started. Early departure occurs when a student leaves the classroom or meeting session prior to the agreed-upon ending time.
  - ii. Note: in RARE circumstances, a tardy may be excused and this determination will be made according to the professor's discretion. TARDINESS DUE TO PRINTING AN ASSIGNMENT OR CLASS HANDOUT IS CONSIDERED TO BE UNEXCUSED.
2. For the second and each subsequent unexcused absence, five points are deducted from the final course grade.
  3. Determination of whether an absence is excused or unexcused is up to the professor's discretion. In general, an excused absence is an absence due to an unavoidable emergency, serious illness, or funeral of an immediate family member. In general, unexcused absences include but are not limited to absences due to vacation or travel, work responsibilities, doctor's appointments (except in case of extreme illness), or other non-emergency type events.
  4. For all absences (i.e. excused and unexcused), students must complete the "Student Absence from Class" form within 7 calendar days following the absence or an otherwise excused absence will convert to an unexcused one. Accompanying appropriate documentation is required to convert an unexcused absence to an excused absence and must be submitted within one week of the absence or the absence will remain unexcused.
  5. Students are responsible for obtaining from classmates class materials and information missed due to tardiness or absence.

### **CANVAS (Learning Management System)**

The Canvas for this course includes the course syllabus, assignment descriptions and grading rubrics, grades and some lecture presentations. Canvas components for on-line discussions, electronic submissions (per assignments) and quizzes all contribute to assessments (aka assignments) for this course. If you question the accuracy of communications posted by another student, it is your responsibility to ask the peer or research the information. If you are still unsure, clarify first with your text and then the instructor (within one week of the posting). If you are not competent with Canvas, technological assistance should be sought through Xavier's Canvas support or the library. Plan ahead so electronic assignment submissions and quizzes are completed on time. There will not be allowances for late assignment submissions due to technological problems, except in rare situations per the instructor's discretion. The class schedule and assignment updates will be posted on Canvas. Students are expected to access Canvas for Announcements and course materials in order to avoid point deductions (per faculty tutor discretion) from course grade.

### **COURSE EVALUATION**

Course evaluations are completed electronically. This information is provided to instructors as combined data two to four weeks after grades have been posted. All students are strongly encouraged to complete the evaluation as this information is important to faculty members to update and revise the course for optimal student learning.

### **ELECTRONIC MEDIA USAGE**

When in class students are expected to turn off, and avoid using, all cell phones, pagers and other non-course related electronic media. Use of the same is considered impolite and a disruption to the student and entire class. A student using the same in the classroom may be asked to turn off the device and/or leave the classroom for the remaining of that session thus resulting in an unexcused absence.

Students must obtain prior written permission from the course instructor to audio and/or video record any class, lab session, or presentation including those given by guest speakers. Approval to interview a course instructor must be obtained in writing. Specific use of the interview must be specified.

### **E-MAIL COMMUNICATION**

Students are required to use their Xavier e-mail accounts for communication with the professor. It is the responsibility of the student to check this e-mail on a daily basis for course and Department communications. The course instructor will normally answer all emails received during business hours within 24 hours of receipt. E-mails received during evening hours, or after 4:00 PM on Friday will be answered by the end of the next business day, or sooner if possible. NOTE: Please do not use the Canvas email system to communicate with instructors as this will result in delayed or undelivered messages.

### **ESSENTIAL FUNCTIONS**

To pass this course students must meet all expectations, with or without LAC generated and instructor approved accommodations, that might arise in this class as identified on the Department of Occupational Therapy Essential Functions document. Please see the Department of Occupational Therapy website for the most recent updates to this document.

### EXAMS

Midterm & final exams in the Department of Occupational Therapy are scheduled in accordance with Xavier University's designation. Early or late taking of exams is not allowed. Any student receiving accommodations for exams must arrange for taking the exam through the Learning Assistance Center. Any exams for which accommodations are received must be taken at the Learning Assistance Center.

### ON-LINE SOCIAL NETWORKING

On-line social networking (e.g., Face book, MySpace, Twitter, blogs, etc.) must be considered public information and postings containing certain information are illegal. Violations may expose the offender to criminal and civil liability. Avoid disclosing any HIPAA- or academic- protected information regarding others. Keep all postings and photographs professional; and, avoid inflammatory or unflattering information on yours or another's site. Make every effort to present yourself as mature, responsible, and professional. For further details see the advisory opinion published by the American Occupational Therapy Association's Ethics Commission at:

Estes, J., & Cheny, L. (2010). On-line social networking: Advisory Opinion. In D. Slater (Ed.) *Reference Guide to Occupational Therapy Code of Ethics and Ethics Standards* (pp. 213-217). Bethesda, MD: AOTA Press.

### PROFESSIONAL BEHAVIOR

The Department of Occupational Therapy faculty are committed to facilitating student growth and development in their professional behavior by providing informal as well as formal feedback and guidance.

Each student must demonstrate behaviors and attitudes, which in the judgment of the faculty, are consistent with the attitudes and behaviors of a health professional, and in keeping with the ethical standards of occupational therapy. A student displaying exemplary professional behavior will be notified via an *Exemplary Professional Behavior Form*. A student demonstrating areas of concern in professional behavior will be notified via an *Early Concern Note*. If this Note resolves the concern, no further action will be taken. If the concern is not resolved, and a student continues to demonstrate problematic professional behavior, that student will, in collaboration with faculty, complete a *Professional Development Plan* form. Timely rectification of the concern will allow the student to remain in the program and proceed to Level II fieldwork. Failure to demonstrate growth and/or meet the specified outcomes may result in a delay in progressing to Level II fieldwork, referral to Xavier's Professional Review Board, counseling of that student to another major, and/or dismissal from the program. Such action is warranted as professional behavior may be the sole determinant of student success on Level II fieldwork and socialization into the profession of occupational therapy.

Instances of violation of academic honesty policy will result in a "0" for this evaluation tool.

### WRITING EXPECTATIONS

In practice, professional writing is a direct reflection on you. It is a requirement of the profession as a method to share knowledge, plan interventions and document services. For this class, written work should be done with peer or adult support **ONLY** as a peer group when specifically identified. All assignments are expected to be completely independent work unless noted as partner or group task. All assignments must represent 100% of students' own **original** work. The only sanctioned external assistance for assignments is that offered by Xavier University's Writing Center. Asking or allowing others (e.g., parents, classmates, friends, etc.) to proofread, edit, or make any changes or corrections to students' written work represents **Academic Dishonesty**.

Many course assignments are submitted through **TurnItIn**, an anti-plagiarism software. If you are not familiar with the program, contact Canvas support for information on its functions. You will have access to the report to view the comments and concerns. This is provided as a learning tool for you. You are expected to make corrections prior to the final submission by the due date to avoid plagiarism problems. (See Academic Honesty policy above.) TurnItIn reports may take several hours during peak usage times.

Suggested resources to maintain academic integrity: Purdue OWL <https://owl.english.purdue.edu/owl/section/1/9/>  
 Xavier Library APA Essentials <http://www.xavier.edu/library/students/documents/APA2013Essentials.pdf>  
 Radford University, APA the RU Way (select tab prn) <http://libguides.radford.edu/c.php?g=166623&p=1093702>  
 Harvard Graduate School of Education, APA Exposed, online tutorial  
[http://isites.harvard.edu/icb/icb.do?keyword=apa\\_exposed](http://isites.harvard.edu/icb/icb.do?keyword=apa_exposed)

## GRADE POLICIES & ASSIGNMENTS

### GRADING SCALE

A	B	C	F
93-100	85-92	77-84	76 and below

### GRADE, ROUNDING UP PRACTICE

Final grades will be calculated per assignment and evaluation procedures, following posted rubrics for each assignment. Final grades are calculated to 1 decimal and then rounded to the nearest whole number. Final grades lower than 0.50 points will **not** be rounded up.

### TIMELY SUBMISSION OF ASSIGNMENTS

Assignments are due **at the beginning of class** per the scheduled due date or as indicated in Canvas or if indicated in writing by the instructor. Assignments turned in after the due date will result in an automatic reduction of 3% for **each** day (or portion thereof) past the assigned due date/time. Assignment must be submitted in the designated format (electronic vs. paper). Clarify with the instructor as needed. In the case of an assignment approved for electronic submission, the student may be required to supply a traditional paper copy. It is the responsibility of the student to assure the assignment is viewable per the assignment requirements. Failure to complete the assignment in the designated format or failure to supply a printed format when requested will constitute a late submission.

### RETURN OF GRADED ASSIGNMENTS

For assignments less than 4 pages in length, graded assignments will typically be returned within ten days after initial due date. For lengthier assignments (or on other rare occasions) return of graded assignments may be delayed. All grades will be posted on Canvas. Partial credit may be given on any segment of a rubric per the instructor's discretion to provide the best assessment of the student's performance.

### GRADE DISCREPANCY POLICY

The Department of Occupational Therapy adheres to Xavier University's grade grievance procedure (Xavier University, 2015e). Students are expected to follow the outlined procedures, independently navigate the process, and to do so in a timely manner completing all steps as specified. Students can only grieve Level II fieldwork grades if the required 12-weeks were completed and a grade "U" was assigned. A fieldwork grade of "incomplete" or "withdrawal" cannot be grieved.

### REVISING & RESUBMITTING ASSIGNMENTS (see chart for selected assignments with revisions allowed):

These evaluation procedures are designed to provide feedback to the student on competencies that are critical as an entry level occupational therapist. Therefore, you may revise and resubmit (redo) specific assignments: skilled observations, FWI: SOAP note, IEP, scoring & interpretation of assessments, the midterm exam and the clinical competency exam **one time each**. The redone class assignment and/or clinical competency exam will be graded and then be reduced by 10% points (for assignments with 100 points possible, the maximum redone grade would therefore be 100 – 10 = 90; see the rubric for specifics for each assignment).

**To receive consideration for re-grading**, a redone assignment **must be attached while the initial graded assignment and grading rubric remain in Canvas. The resubmission must be completed within 1 week of the date the original assignment grading was visible on Canvas for student review.** Also send an email to the instructor to inform her of the submission. Exercising this option is the student's responsibility and will require an **attachment on Canvas so the original assignment remains without changes.** Because Canvas does not save

original work if a revised assignment is submitted as a new assignment, the student must provide the **revised assignment ONLY as an attachment**. Submitting the revision as an original assignment will void the student's option for any additional credit (points) for that assignment. **The instructor will NOT grade a redone assignment which is submitted more than a week** after the initial graded assignment was posted in Canvas or which does not include the original assignment. FYI: Grading for revisions is a lower priority than other course responsibilities of the instructors. Since this is a rigorous course, students are encouraged to revise/resubmit any "redo-able" assignment with a grade below 90, according to these guidelines. A scheduled time will be designated by the instructor for the optional retake of the midterm exam and the clinical competency assessment.

### ASSIGNMENTS AND EVALUATION PROCEDURES

Note: Samples of student work (de-identified) may be kept for purposes of program and/or faculty evaluation.

Type	No	Title	Description	Re-do option	Inst. to grade	% of final grade
Presentation	1	Developmental presentation	Group presentation including peer participation for important aspects of development for a specific age group	No	BE	2
Part 1 & 2: EBP paper  Part 3: presentation	2	Case study paper: Part 1: Paper Part 2 is a formal paper requiring APA formatting. Part 3 is an oral presentation as a treatment planning meeting to Joan (with assigned partner)	<u>Part 1:</u> Diagnosis including symptoms for the case & 3 <b>OT intervention</b> EBP references <u>Part 2:</u> Complete occupational profile and performance analysis for client-centered treatment planning <u>Part 3:</u> Oral presentation of treatment processes for case: intervention plan with supporting EBP, client interest or behavioral supports prn, materials & context. Note outcomes, monitoring and discharge plans. Provide written school or home program.	No	JT	Part 1: 16/100 Part 2: 34/100  Part 3: 50/100  Total = 14
Presentation	3	Case study presentation	On-line narrated visual presentation of above case completed with partners. Moderate discussion and questions from peers.	No	TBD	6
Assign/ project	4	Skilled observation (one: typical One: CWD)	Clear, concise written documentation of a skilled observation of a typically developing child (peer reviewed) and a child with a disability using professional descriptors	CWD: Yes	BE	Typ @ 2; CWD @ 4 = 6 total
Assign	5	FWI: SOAP note	SOAP note of session with a child from one of the level I FW	Yes	BE	2
Assign	6	IEP	Complete designated sections of an IEP for a child with a disability (observed in assignment #4), including IEP dates, present level, goal, objectives, LRE, treatment interventions and treatment plan according to state regulations and guidelines	Yes	Both	5
Assign/ project	7	Scoring & interpretation of assessments: PDMS-2 & BOT-2	Administer, score, and interpret assessment(s) with a student peer for a preschooler (PDMS-2) and for an elementary child (BOT-2 & TIE)	Admin: No Write up: Yes	BE	PDMS@ 3; BOT-2 @ 2 = 5 total
Assign/ project	8	Autism intervention	Plan and implement group session for children with ASD (small group) <i>(Plan for group intervention due 10 days prior to scheduled group)</i>	No	TBD	5
Assign	9a 9b	Discussions Quizzes	Written discussion posts per prompt. Quiz score total (drop one lowest quiz score and then use total of both in-class and electronic quizzes)	No	9a BE 9b: Both	@ 4 each = 8

Assign/ project	10	Response to Intervention (RtI)	Series of three “response to intervention” sessions with K – 2 <sup>nd</sup> graders at a local elementary school. Student groupings will be assigned for planning with implementation and outcome/reflection after sessions.	No	TBD	5 total
Assign	11	Therapeutic occupations bag	Organize and assemble treatment activity materials for children with a range of ages and diagnoses demonstrating understanding of occupation and creativity. Describe intervention options including method for grading the treatment activities.	No	BE	4
Exam	12	Midterm exam	Multiple choice + short answer written exam	Yes, BEST	Both	10
Clinical Exam	13	Clinical competency exam	Develop and implement treatment clip with instructor/clinician as “client”. Client cases will be provided. Documentation includes treatment goal, SOAP note & self-reflection.	Yes, <b>second attempt less 10 points</b>	Both	10
Exam	14	Final exam	Multiple choice + short answer written exam	No	Both	13
Prof behavior	15	Professional behavior	Demonstrated professional behavior in class, labs & community activities	No	Both	5

### GRAMMAR/SPELLING/PUNCTUATION

This is a professional level course. Correct grammar, spelling, and punctuation are required for all assignments. Errors will result in points deducted from the assignment grade. All assignments must be typewritten.

### RUBRICS

Rubrics are provided to assist students to understand the components and expected criteria for each assignment. Students are expected to review the assignment description and the rubric, then use the Canvas Assignment Q & A Discussion to post questions regarding the assignments. Individual emails for clarification of the assignments are strongly discouraged. Instructors may elect to use partial credit for **any** rubric criteria based on the quality of the student’s submission. As needed, scoring may reflect additional points deducted for spelling/grammar errors, errors in APA style when APA is required (or for any references), and/or errors in OTPF language. Any instance of academic dishonesty will result in a **zero for the assignment** (without an opportunity to redo the assignment) and can likely result in failing the course, or a zero for the course. See the **Academic Honesty** section of the syllabus for specific information. The rubrics follow in the order of the assignment numbered above.



**COLLEGE OF PROFESSIONAL SCIENCES**  
**DEPARTMENT OF OCCUPATIONAL THERAPY**  
**Normal Development Class Presentation Assignment**

Names: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ & \_\_\_\_\_ Date: \_\_\_\_\_

Groups of 3 to 4 students will present to the class an overview of normal development at a given age level. The presentation with your peer involvement should be 18 - 20 minutes in length. This assignment supports class objectives #4 and 11.

This overview **must** include the following information regarding development at the assigned age level:

- Normal gross motor milestones relating process/progression
- Normal fine motor milestones relating process/progression
- Normal self-help or personal ADL skill development
- Normal reflex integration for up to 12 months
- Normal social development

The following information is optional but pertinent:

- Communication development
- Cognitive development

The presentation must include

- Peer involvement for at least two key milestones
- Connection between normal and abnormal development
- Peer handouts (1 single sided page, 1" margins, **posted in Canvas**)

**Grading Rubric:**

**Developmental Level:** \_\_\_\_\_

	<b>Excellent</b>	<b>Adequate</b>	<b>Limited</b>
<b>Content</b>  Score: ___/40	- Accurate information relating progression - Each student clearly involved in presentation - Demonstrates good understanding of this stage of development - Evidence of use of resources	- Approx. 2/3 of information covered with progression noted - Some involvement of each student in presentation - Demonstrates fair understanding of this stage of development - Evidence of use of some resources	- States milestone without connection to progression - Questionable involvement of each student - Demonstrates limited understanding of this stage of development - No evidence of use of resources
<b>Presentation and Peer involvement</b>  Score: ___/15	- Logical organization - 2 – 3 peer lab opportunities for key milestones - 18 – 20 minutes - Video or visual accurately reflects average for age span, good to excellent quality of visual supports	- Organization difficult to follow - 2 peer lab opportunities but not focused on key milestones - 16 – 18 or 20 - 22 minutes - Video or visual reflects age span above or below age of presentation without explanation of such, quality of visual supports are poor	- Lacks organization - Peer lab opportunity weak - < 16 minutes or not completed by 22 minutes - Poor visual support for appropriate developmental stages or progression
<b>Relationship between Normal &amp; Abnormal</b>  Score: ___/20	- Accurate information related to abnormal development in at least two developmental areas	- Relationship to abnormal development not directly tied to this age level or related only to one area of development	- Misinterprets relationship between normal and abnormal development
<b>Handout for peers is neat and accurate</b>  Score: ___/25	- Neat and accurate information contained on one single sided page - Includes information in all developmental areas	- Information is generally accurate and includes many aspects of development at this level - Handout not well organized	- Information is poorly organized, inaccurate, grossly incomplete or does not fit on a single sided handout

As a group project, all members of the group will be graded equally on this presentation.

**Score:** \_\_\_\_\_ **(Maximum of 100)**



## MOCT 603: Description of Case Study Assignments

**Purpose:** To integrate clinical reasoning with evidence-based practice (EBP) for client-centered intervention. Student reviews and interprets research on interventions related to a diagnosis. The student synthesizes this research for all aspects of the occupational therapy process for their specified case. The paper reflects the student's ability to document the occupational profile, treatment planning, implementation, monitoring and discharge. This contributes to course objectives 1, 2, 3, 4, 5, 8, 9, & 11.

### **Part I:** Diagnosis and initial EBP analysis:

Define the diagnosis and describe how the client's diagnosis is manifested in the information available for this case. Relate the diagnosis to the areas of occupations (OTPF) which are limited by the condition and briefly justify. Select 3 top evidence-based intervention references based on analysis of available research and the relevance to this case. Consider alignment of occupational therapy intervention with case demographics, diagnosis and contexts. Defend your choice of the top three EBP studies.

### **Part II:** Occupational profile and analysis of occupational performance:

Synthesize and interpret data from this case for the occupational profile. Identify the significant client factors, performance skills/patterns, and contexts as well as potential environmental factors which support or interfere with this child's ability to complete desired occupations. Determine the priorities for the problems constraining this client. Consider the family and cultural background and how these impact the client's skills. Student can add details for the case which do NOT conflict with provided information.

Interpret/define the reason the family is currently seeking service. Formulate an appropriate intervention plan to meet the analysis of occupational performance, including treatment goals (both long term and short term), model, service delivery, and frequency/duration. Defend your recommendations with clear clinical judgment. Identify and predict desired outcomes.

**Part III:** Treatment planning meeting with one instructor noting intervention, monitoring, carry-over & discharge planning. Based on the EBP research (new items are allowed), detail implementation of treatment intervention for this case. The EBP should link to the occupational analysis and priorities for the client. Account for differences in contexts or diagnoses between the research and the client. Be prepared to orally defend the clinical judgment for the selected intervention(s).

Presentation includes: Each partner will have 7 minutes to orally present one treatment segment aligned with the prior goal and treatment planning (one session or partial session). This will include a) Describe the intervention with client's expectations and OT's role, b) Include description of context and materials, c) Clinical reason for this intervention for this child, d) Motivation, encouragement and/or behavioral considerations, e) Intervention supported by 2 EBP articles, and f) Monitoring for this item (how to measure the outcome of this intervention with means to record such data). State any safety precautions associated with task.

Both partners will contribute to a discharge plan which will be stated by one student (one minute). The discharge plan (and timeline) is based on expected progress from interventions. Note other potential service needs related for the client (i.e.: referrals or treatment adjuncts which would be suggested). Identify safety considerations and precautions which will be reviewed at discharge.

Submit a written **one page** home or school-based program for carry-over or generalization from treatment to daily practice. Briefly note the reasoning for selection of this program for this client. The frequency, duration, and tasks of the program must be individually designed for the client and the

family/school contexts. Include visual supports needed for carry-over by the family or educational team. Reverse side of this sheet should list the EBP references (APA format) for this treatment plan.

DRAFT



**COLLEGE OF PROFESSIONAL SCIENCES  
DEPARTMENT OF OCCUPATIONAL THERAPY  
MOCT 603, DOMAINS AND PROCESS I  
CASE STUDY, PART 1, RUBRIC**

**Student name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Case study initials:** \_\_\_\_\_

Diagnosis: Definition of condition with 2 professional references	___/1
Correctly reports references in APA format	___/0.25
Identifies symptoms present in case & typical symptoms not seen in case	___/0.5
Occupations and how symptoms interfere with noted occupations	___/0.75
Article 1: Correctly reports the following:	
APA style reference, Abstract present in article or written (do not copy it)	___/0.25
Clients (subjects of study: age, diagnoses, other significant demographics)	___/0.75
Intervention or treatment applied	___/1.25
Results/outcomes	___/1
Relevance to this case	___/1.25
Article 2: Correctly reports the following:	
APA style reference, Abstract present in article or written (do not copy it)	___/0.25
Clients (subjects of study: age, diagnoses, other significant demographics)	___/0.75
Intervention or treatment applied	___/1.25
Results/outcomes	___/1
Relevance to this case	___/1.25
Article 3: Correctly reports the following:	
APA style reference, Abstract present in article or written (do not copy it)	___/0.25
Clients (subjects of study: age, diagnoses, other significant demographics)	___/0.75
Intervention or treatment applied	___/1.25
Results/outcomes	___/1
Relevance to this case	___/1.25
<b>Total:</b>	<b>___/16</b>

**Comments:**

**COLLEGE OF PROFESSIONAL SCIENCES**  
**DEPARTMENT OF OCCUPATIONAL THERAPY**  
**MOCT 603, Grading Rubric for Case Study Paper, Part 2**

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Final score may reflect partial credit when report reflects characteristics across multiple rating levels.

Component	Strong	Adequate	Weak
<b>Occupational profile</b>  <b>Score: ___/ 12</b>	<ul style="list-style-type: none"> <li>✓ Thoroughly identifies impact of significant client factors, performance skills/patterns, and context on areas of occupation</li> <li>✓ Addresses all components of occupational profile relevant to the case</li> </ul>	<ul style="list-style-type: none"> <li>✓ Identifies how several client factors, performance skills/patterns, and contexts impact areas of occupation</li> <li>✓ Includes information for many aspects of this case into occupational profile</li> </ul>	<ul style="list-style-type: none"> <li>✓ Limited review of the client factors, performance skills /patterns, and contexts</li> <li>✓ Misrepresentations in the occupational profile</li> </ul>
<b>Occupational Analysis</b>  <b>Score: ___/8</b>	<ul style="list-style-type: none"> <li>✓ Synthesize and analyze occupational profile (see OTPF), considering family &amp; cultural contexts 3</li> <li>✓ Indicated major problems (max 2) and priorities for client 1</li> <li>✓ Identifies 3 – 4 supports (strengths) at least 2 related specifically to the client 2</li> <li>✓ Id. 3 – 4 hindrances/needs (weaknesses) at least 2 related to the client specifically 2</li> </ul>	<ul style="list-style-type: none"> <li>✓ Analysis vague or incomplete</li> <li>✓ Major problems OR client priorities reflect incomplete clinical reasoning</li> <li>✓ Identifies 1-2 supports</li> <li>✓ Identifies 1-2 hindrances/needs</li> </ul>	<ul style="list-style-type: none"> <li>✓ Limited analysis of impact of occupational profile on occupational performance</li> <li>✓ Fails to identify major problems or priorities</li> <li>✓ Fails to clearly identify supports and/or hindrances/needs</li> </ul>
<b>Treatment plan</b>  <b>Score: ___/ 10</b>	<ul style="list-style-type: none"> <li>✓ Treatment plan meshes EBP &amp; client referral with any other specific considerations 2</li> <li>✓ Plan accurately includes duration, frequency, setting &amp; approach 2</li> <li>✓ Identifies 2 measurable long term goals targeting priority needs 2</li> <li>✓ Identifies 2 measurable short term goals for <b>each long term goal</b> 4</li> </ul>	<ul style="list-style-type: none"> <li>✓ Unrealistic or incomplete treatment planning</li> <li>✓ Treatment plan missing duration, frequency, setting or approach</li> <li>✓ Omits one long term or one short term goals under a long term goal</li> <li>✓ Some goals are measurable</li> </ul>	<ul style="list-style-type: none"> <li>✓ Treatment plan does not cover priorities of case</li> <li>✓ Missing duration, frequency, setting and approach for tx</li> <li>✓ Omits several components of the long term or short term goal(s)</li> <li>✓ Goals are not measurable</li> </ul>
<b>Writing conventions</b> <b>(noncompliance with page length or plagiarism can lose points on all sections)</b> <b>Score: ___/ 4</b>	<ul style="list-style-type: none"> <li>✓ 5-6 pages + references</li> <li>✓ Submitted to TurnItIn, no plagiarism concerns (review of report for any un-cited phrases of 6+ words in length)</li> <li>✓ Accurate use of grammar, OTPF-3 and APA 6<sup>th</sup> style (&lt; 5 minor errors)</li> <li>✓ Content well organized</li> </ul>	<ul style="list-style-type: none"> <li>✓ 4 or 7 pages + references</li> <li>✓ Submitted to TurnItIn with 1-2 minor plagiarism concerns</li> <li>✓ Few inaccuracies in application of OTPF-3 or APA 6 style</li> <li>✓ Few grammatical errors</li> <li>✓ Organization unclear</li> </ul>	<ul style="list-style-type: none"> <li>✓ &lt; 4 or &gt;7 pages + ref.</li> <li>✓ Not submitted to TurnItIn or TurnItIn notes major plagiarism concern or &gt;2 minor plagiarism concerns</li> <li>✓ Numerous errors in OTPF-3 or APA 6 style</li> <li>✓ Many grammatical errors</li> <li>✓ Poorly organized</li> </ul>

**Total score: \_\_\_/34**

### MOCT 603, Grading Rubric for Case Study Part 3: Treatment Planning Oral Presentation

Students: \_\_\_\_\_ Date: \_\_\_\_\_

Component	Strong	Notes, Comments, Suggestions
<b>Describe intervention</b>  Score: ___/ 18	<ul style="list-style-type: none"> <li>✓ Clinical reason for intervention 3</li> <li>✓ Describes client's expectation &amp; OT role in intervention 4</li> <li>✓ Describes context &amp; materials 3</li> <li>✓ Describe organization, sequence, motivation, and behavior supports 4</li> <li>✓ Safety precautions 4</li> </ul>	
<b>EBP to support intervention</b>  Score: ___/6	<ul style="list-style-type: none"> <li>✓ EBP clearly supports intervention planning 2</li> <li>✓ Indicates similarities and differences between case and the EBP references 2</li> <li>✓ Indicates clinical reasoning for the intervention or modifications from the EBP 2</li> </ul>	
<b>Monitoring plan</b>  Score: ___/8	<ul style="list-style-type: none"> <li>✓ What outcomes to monitor 2</li> <li>✓ How to measure outcomes (tool, observation, etc.) 2</li> <li>✓ Frequency and recording of data 2</li> <li>✓ Monitoring plan relates to EBP 2</li> </ul>	
<b>Section V: Home or education Carry-over program</b>  Score: ___/7	<ul style="list-style-type: none"> <li>✓ Home exercise or education plan clearly relevant to tx, priorities &amp; contexts 2</li> <li>✓ Clinical judgment appropriate with parsimonious program suggestions 2</li> <li>✓ Written &amp; visually appealing, professionally relevant, one single sided page 3</li> </ul>	
<b>Section VI: Discharge</b>  Score: ___/4	<ul style="list-style-type: none"> <li>✓ Identifies discharge timeline 2</li> <li>✓ States expected functioning at time of discharge 2</li> <li>✓ State potential safety issues 2</li> <li>✓ Identifies other service requests 2</li> </ul>	
<b>Oral presentation and written conventions</b>  Score: ___/ 7	<ul style="list-style-type: none"> <li>✓ Presentation well organized 1</li> <li>✓ Confident verbal expression of intervention plan 1</li> <li>✓ Calmly answers any questions 1</li> <li>✓ Adheres to timelines (<math>\pm</math> 30 sec) 1</li> <li>✓ Accurate use of professional language including OTPF-3 1</li> <li>✓ References in APA 6<sup>th</sup> style 1</li> <li>✓ Grammar and professionally documented Home/School plan 1</li> </ul>	

Final score may reflect partial credit when report reflects characteristics across multiple rating levels.

**Total score: \_\_\_\_\_/50**



**COLLEGE OF PROFESSIONAL SCIENCES  
DEPARTMENT OF OCCUPATIONAL THERAPY**

**MOCT 603, Instructors: Joan Tunningley & Barb Elleman  
Rubric for Case Study Presentation**

**Purpose:** This assignment contributes to course objectives for the case study plus educational role; (objectives #4, 5, 8, 9 & 11).

Students: \_\_\_\_\_, \_\_\_\_\_ Date: \_\_\_\_\_

	<b>Component</b>	<b>Excellent</b>	<b>Adequate</b>	<b>Weak</b>
1	Professionalism of presentation and organization. Posts presentation on Canvas.  <b>Max. 20 points</b>	Effective use of time (7-9 minutes); technology; creative or outstanding presentation. All print on slides is 20+ font. Well organized, flows smoothly. Auditory content is easily heard, articulated and comprehensible. Presentation posted on time. Evidence of contributions by both students.	Time 6:30 -7 or 9 – 9:30 minutes; adequate use of technology; pleasant presentation. Relevant information presented but up to 49% of slides were difficult or impossible to read, hear or understand/ decipher.	Did not effectively use technology or resources. Time > 6:30 minutes or stopped by instructor at 9:30 minutes. Slides visual or auditory information for 50% or more of slides was nearly impossible to read, hear or understand.
2	Identify diagnosis, occupational profile & analysis  <b>Max. 10 points</b>	Concise description of diagnosis as it relates to this case. Describes the occupational profile succinctly.	Covers most information on diagnosis and occupational profile. Information not focused specifically on this case.	Difficulty showing application and relevance of diagnosis and/or occupational profile. Missing over 4 areas related to the occupational profile.
3	Relates EBP studies to this case including references  <b>Max. 15 points</b>	Clearly summarizes the outcomes of 4 EBPs and relates to this case. Applies research to practice. Cites references accurately.	Summarizes some outcomes of EBP studies. Accurate but incomplete application of research to practice. Cites references with up to 3 minor errors	Poor connection between research and treatment. Limited information on outcomes of EBP. Errors in citations will limit the ability to access references.
4	Describes treatment  <b>Max. 20 points</b>	Appropriate OT intervention comprehensively defined. Information could be applicable in future practice across multiple contexts.	Overall description of the OT intervention clear. Relevance to future practice in a few contexts.	Limited review of OT intervention, or appropriate only for a narrow range of individuals/context. Relevance to future unclear or very limited contexts.
5	Describes monitoring and discharge  <b>Max. 15 points</b>	Appropriate monitoring for treatment effectiveness comprehensively defined.  Clearly reviews safety and discharge considerations.	Clearly defined appropriate monitoring for treatment effectiveness.  Clearly reviews safety and discharge considerations.	Limited information on appropriate monitoring for treatment effectiveness.  Limited information on safety and discharge considerations.
6	Responses to peers' comments reflect knowledge of presentors  <b>Max. 20 points</b>	Accurately responds by due date. Follows up if peer makes second response. If ≤ 7 peer posts individual responses; If 8+ peer posts, grouped or repeated responses.	Comments have relevance to the case but are incomplete, unclear or past due date. If ≤ 7 peer posts no response to 1 or 2 peer posts. If 8+ peer posts, responses miss 1 or 2 peers in groups or repeated responses.	Comments are inaccurate, do not apply to the comment or are past the due date. Missed responses to 3 or more peer posts.

**Total Score:** \_\_\_\_\_/100



**COLLEGE OF PROFESSIONAL SCIENCES**  
**DEPARTMENT OF OCCUPATIONAL THERAPY**  
 MOCT 603, Instructors: Joan Tunningley & Barb Elleman

### Skilled Observation Rubric

**Name:** \_\_\_\_\_ **Location:** \_\_\_\_\_ **Date:** \_\_\_\_\_

There are two skilled observations in the semester, one on a typically developing child and one on a child with a disability.

10 points possible for each section noted below	Excellent: Clear, concise description; professional terminology use supports understanding	Adequate: Inconsistent information, description incomplete, terminology unclear	Limited: Poor details for information, description unclear, poor use of professional terminology
Gross Motor and Praxis Skills  /15			
Fine Motor Skills  /15			
Sensory (processing) Perceptual Skills  /15			
Communication and Social Skills  /15			
Play/Leisure/Education (include Cognitive)  /20			
Attention, Arousal, Emotional Regulation  /10			
ADL or IADL  /5			
Terminology, Organization  /5			
Additional comments:			

Total Score (maximum of 100 points):



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**MOCT 603, Instructors: Joan Tunningley & Barb Elleman**

### SOAP Note Assignment

**Purpose:** This assignment facilitates student's proficiency in writing professional notes with accurate reflection of observations and intervention plans. It contributes to course objective 10. Students will implement the SOAP note format, learned in previous courses.

STUDENT: \_\_\_\_\_

DATE: \_\_\_\_\_

The SOAP note may be completed on an intervention session that you participated in or that you observed. For confidentiality, use initials only, no personally identifying information.

Provide a brief paragraph describing the history of the client for whom you are documenting. Write your SOAP note, and then review it with your fieldwork supervisor. Ask your fieldwork supervisor to make comments/recommendations on the note and sign it. You may then revise the note as necessary according to the feedback. Turn in the original note AND the revised note, along with this grading form.

**Rubric:**

Signature of supervisor, evidence of input	/10
Concise description of client	/10
Subjective (relevant subjective comments, caregiver comments and/or complaints)	/15
Objective (emphasis on client's performance, observations, data collection, facts)	/20
Assessment (explanation/interpretation of information from S and O, summary, progress/changes, optional: problem list and goals)	/20
Plan (frequency, duration, continuation of plan of care or other indication of future therapy plans, suggestions for following session)	/15
Organization, grammar, terminology	/10
<b>TOTAL:</b>	<b>/100</b>

SOAP references:

Sames, K.M. (2009). *Documenting occupational therapy practice, 2<sup>nd</sup> ed.* Upper Saddle River, NJ: Pearson Prentice Hall.

### MOCT 603, Individual Education Plan

Students: \_\_\_\_\_

Criteria	Ratings	Pts
Basic information	a. Child's information (initials, gender, grade), age (in place of DOB), NO identification information which would conflict with confidentiality b. Meeting information: date and type (annual review) c. IEP timelines @ 2 points each	/6 pts
Present level of academic achievement and functional performance	Strengths/needs = 4; assessment data, baseline & date of assessment = 3 points; Reflects family or other team member concerns across environments = 2 points; Identify mismatch between child's performance and same age peer = 2 points; address needs beyond academics for child's independence = 2 points; note strategies, accommodations and/or interventions and level of success in past = 4 points; written objectively in clear manner = 3 points	/ 20 pts
Goal	Based on information and baseline data in PLOP = 3 points; reasonable to accomplish per timeline = 3 points; Include 6 elements (who, will do what, to what level, conditions, time, how to measure progress) = 4 points; understandable/measurable & observable = 3 points	/13 pts
Objective #1	Did you identify discrete tasks for the objective = 3 points; reasonable to accomplish per current skills/environment/timeline = 3 points; Include 6 elements (who, will do what, to what level, conditions, time, how to measure progress) = 4 points; understandable/measurable & observable = 3 points	/13 pts
Objective #2	Did you identify discrete tasks for the objective = 3 points; reasonable to accomplish per current skills/environment/timeline = 3 points; Include 6 elements (who, will do what, to what level, conditions, time, how to measure progress) = 4 points; understandable/measurable & observable = 3 points	/13 pts
Reporting progress	Method (written, email...), frequency in weeks, frequency re: similar to peers	/3 pts
Description of related services	Id OT and type/groupings of service (min of 2 per box, min of 2 rows) = 4; identify goals addressed, title = 1; LRE w/ reason prn = 4; begin/end dates = 1; time & frequency per type = 2; supports prn (AT, Mods, Accommodations (2), School personnel (2)) = 6	/18 pts
OT Plan of Care	Id info = 2; IEP goals & date = 1; OT objectives = 1; equipment/supports per IEP = 2; occupation = 1, intervention approach = 1, intervention strategies = 1, outcome = 1; indicated services = 2; progress, d/c and signature/date = 2	/14 pts

Total score \_\_\_\_\_/100



**COLLEGE OF PROFESSIONAL SCIENCES  
DEPARTMENT OF OCCUPATIONAL THERAPY  
MOCT 603, Instructor: Joan Tunningley & Barb Elleman**

**Rubric for Peabody assessment.**

**Purpose:** This lab is designed to allow students to perform evaluation(s) on children, interpret the results and complete accurate documentation and make recommendations as needed. This contributes to course objectives 1, 2, 3, and 10.

**Students:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Child's first name:** \_\_\_\_\_

**Turn in completed PDMS-2 test booklet, PDMS-2 score sheet & Peabody Assessment Lab Report for parent.**

**PEABODY DEVELOPMENTAL MOTOR SCALES 2**

Completes and turns in all forms per requirements	____/ 5
Plans for assessment with forms/organization	____/ 5
Introduces self and appropriate therapeutic use of self (including attending to and motivating the child during the session)	____/15
Correctly administers test items	____/10
Correct scoring for all subtests	____/10
Correct age reported	____/ 5
Correct scaled scores and percentiles for each subtest	____/10
Correct Quotients for GM, FM and Total and percentiles for each	____/10
Correct age equivalents	____/ 5
Accurately interpretation and completion of parent form (avg, above avg, below avg)	____/10
Appropriate recommendations	____/10
All comments on parent form are parent-centered/parent friendly	____/ 5

**ASSIGNMENT GRADE TOTAL \_\_\_\_\_/100 possible**

**Comments:**



**COLLEGE OF PROFESSIONAL SCIENCES**  
**DEPARTMENT OF OCCUPATIONAL THERAPY**  
**MOCT 603, Instructor: Joan Tunningley & Barb Elleman**

**BOT – 2 Scoring and interpretation of assessment Rubric**

**Students (S/OT):** \_\_\_\_\_

**Date:** \_\_\_\_\_

<b>Criteria</b>	<b>Not present, score zero</b>	<b>Details present, point max as noted</b>
<b>Forms</b>	Forms missing or incomplete	3: Completes and submits all forms per requirements
<b>Chronological Age</b>	Incorrect calculation	2: Correct calculation
<b>Subtest 1</b>	All items incorrectly scored	7: 1 pt per item All items correctly scored
<b>Subtest 2</b>	All items incorrectly scored	8: 1 pt per item All items correctly scored
<b>Subtest total point score</b>	All subtest total point scores incorrectly calculated	8: 1 pt per subtest All subtest total point scores correctly calculated
<b>Subtest Scale Scores</b>	All scale scores are incorrectly calculated	8: 1 pt per subtest All scale scores are correctly reported
<b>Motor Area Standard Score and Percentile Rank</b>	All Motor Area Standard Scores and Percentile Ranks incorrectly reported	8: 2 pts each All Motor Area Standard Scores and Percentile Ranks correctly reported
<b>Sums of Scale and Standard Scores and Total Motor Composite</b>	Incorrect calculated or rept: Sum of Scale Scores, Sum of Standard Scores, and Total Motor Composite	3: 1 pt each Sum of Scale Scores, Sum of Standard Scores, and Total Motor Composite correctly calculated and reported
<b>Age Equivalents</b>	All age equivalents incorrectly reported	8: 1 pt per subtest All age equivalents correctly reported
<b>Descriptive Categories</b>	All descriptive categories incorrectly reported	9: 1 pt per subtest and composite All descriptive categories correctly reported
<b>Scoring</b>	Incorrect scoring calculated and reported	8: Correct scoring calculated and reported
<b>Interpretation</b>	Clinical reasoning not evident and incorrectly interpreted	8: Clinical reasoning evident in interpretation; correctly interpreted
<b>Overall Impression</b>	Clinical reasoning not evident in overall impression of child's performance	10: Clinical reasoning evident in overall impression of child's performance
<b>Recommendations</b>	Clinical reasoning is not evident in recommendations for this child	10: Clinical reasoning evident in recommendations for this child (1-2 sentences)
		<b>Final Total: /100</b>

## MOCT 603, AUTISM INTERVENTION

Exploration of interventions from the online Autism Internet Modules as discussion posts.  
Plan/Implementation: 50 points for the plan, 40 points for the implementation of the intervention and 10 points for the wrap up. As a group assignment, your collaboration and cooperation are imperative.

Students: \_\_\_\_\_ Group  
date: \_\_\_\_\_

A group grade is applied	Superior	Satisfactory	Unsatisfactory
Plan: Activity _____/15	Three or four creative activities to meet the goal as stated. Variety and sequence of activities is appropriate for the students. Stated clearly.	One or two creative ideas and one fair activity. Sequence or variety is not well planned.	Activities are noted but lack creativity. Sequence or variety is poor.
Plan: Clinical reasoning _____/10	Clinical reasoning application clearly evident.	Clinical reasoning unclear.	Inaccurate application of clinical reasoning.
Plan: Visual Supports _____/10	Appropriate visual supports are developed and implemented effectively.	Visual supports are noted for some of the activities but are incomplete or ineffective.	Visual supports were significantly limited.
Plan: Materials _____/5	Notation of all materials which are commonly available.	Activities or materials are not appropriate for children's level.	Materials are too complex for ease of use or items are missing.
Plan: Modifications _____/10	Applies critical thinking and creativity to suggest at least one modification per activity	Critical thinking or creativity for modifications noted but inconsistent across ax.	Modifications are limited for all activities.
Implementation _____/40	Implementation is completed with professional approach to directions/visual supports are used appropriately. Modifications are seamlessly implemented to meet the needs of various students.	Implementation acceptable for client safety and engagement of students with significant assistance from teacher or instructional assistants for student participation. Modification attempted for completion of activities but ineffective.	Students not engaged for most of session. Modifications attempted were not effective to increase the level of participation by the children.
Review _____/10	Reports outcomes of each activity with appropriate grammar and accurate content.		Outcome content significantly incomplete.

**Comments:**

DRAFT

## MOCT 603 Domains and Process 1

### Discussion Boards Rubric

Your participation in each discussion board assignment is an important contribution to our learning community. All students are expected to be active participants, providing both initial posts and response posts based on assignment directions. Your posts will be graded based on both the content, and the extent to which your posts generate and support discussion among your fellow students. Timely posts are considered an important component of the discussion process. Points noted in Canvas.

Discussion Board Rubric: Maximum points for each discussion noted on Canvas, varied by topic.

	<b>Exceptional</b>	<b>Good</b>	<b>Adequate</b>	<b>Emerging</b>
<b>Content</b>	Posts are insightful, accurate, able to integrate this and prior course content related to the topic, and fully address all aspects of the assignment	Posts are thoughtful, and accurate, but show incomplete understanding of the topic, and do not address all aspects of the assignment	Posts are superficial, but accurate, on topic, and minimally address all aspects of the assignment	Posts are superficial, partially accurate, but either are not on topic, or do not at least minimally address all aspects of the assignment
<b>Support Discussion</b>	Response posts are respectful, substantially build on the initial post, are thought provoking, integrate knowledge, and focused on topic	Response posts are thoughtful and respectful but only somewhat build on the initial post and are only somewhat on topic	Response posts are respectful but are superficial, and only somewhat build on the initial post, or add inaccurate information to the topic	Response posts are respectful, but are superficial, and do not build on the initial post or are not on topic
<b>Timeliness</b>	Initial and response posts are within the allotted time frame	Either the initial <b>or</b> the response post is late by less than 30 hours	Both the initial and response posts are late by over 30 hours	One post is missing, or one of the posts is late by more than 30 hours
<b>Managing when noted</b>	Clear, concise, accurate response to each peer within 24 hours	Response within 24 hours to 90% of peers with 2 of three: clear, concise, accurate	Response within 36 hours to 80% of peers with 1 of three: clear, concise, accurate	Response over 36 hours to < 80% of peers with 1 of three: clear, concise, accurate
<b>Writing</b>		All posts have no grammar/ spelling errors. Appropriate citations are noted for all references.	One of the posts has minimal grammar/ spelling errors. All citations are noted but numerous errors occur in the citations.	One or more posts have multiple grammar/ spelling errors. Citations are included but improperly applied.

**Response to Intervention Groups**  
**Plan Rubric** (Based on OTPF-3)

S/OT:

Date of Session:

Criteria	Expectation	Comments/feedback	Points
<b>Occupation</b>	Correct Occupation identified		1
<b>Performance Skills</b>	Each Performance Skills categories thoughtfully targeted with planned activity		12 (4 points each)
<b>Session Goal</b>	Goal is clearly written in SMART (per Sames book): <ul style="list-style-type: none"> <li>• <b>Significant</b></li> <li>• <b>Measurable</b></li> <li>• <b>Achievable</b></li> <li>• <b>Relevant</b></li> <li>• <b>Time-Limited</b></li> </ul>		5 (1 point each)
<b>Therapeutic Activity</b>	<ul style="list-style-type: none"> <li>• <b>Creative (4)</b></li> <li>• <b>Success oriented (4)</b></li> <li>• <b>High interest (4)</b></li> <li>• <b>Age appropriate (3)</b></li> <li>• <b>Fun factor (3)</b></li> </ul>		18 (3-4 points as noted)
<b>Activity Demands</b>	Activity demands & modifications include: <ul style="list-style-type: none"> <li>• <b>Instructions, organization</b></li> <li>• <b>Sequencing and timing</b></li> <li>• <b>Material(s) modifications</b></li> <li>• <b>Process modifications</b></li> <li>• <b>Social modifications</b></li> <li>• <b>Task modifications</b></li> </ul>		12 (2 points each)
<b>Intervention &amp; Intervention Approach</b>	Intervention and Intervention Approach correctly identified		2
<b>Materials</b>	Correctly plans for and brings adequate supplies, organized for ease of use in group environment		5
<b>Desired Outcomes</b>	Desired outcome supported by activity		5
<b>PLAN #</b>			
<b>TOTAL</b>			60

## Response to Intervention Groups

### Review Rubric

S/OT:

Date of Session:

Criteria	Expectation	Comments/Feedback	Score
<b>Observations of performance skills</b>	Observation of target performance skills is succinct, accurate and thorough.		12
<b>Observations to environment/activity</b>	Reflection considers the impact of the activity demands and environment on occupational performance, individual success		10
<b>Monitor of TUOS</b>	Reflection on OT/S team's professional skills and impact of TUOS on children's responses and outcomes		10
<b>Recommended modifications</b>	Review includes recommended changes to the ax if ax was repeated; considerations or recommendations for related future activities		8
<b>REVIEW # TOTAL</b>			40

Partial credit possible on any item per the instructor's discretion.

Student's Name: \_\_\_\_\_

Date: \_\_\_\_\_

Peer Reviewer: \_\_\_\_\_

**Therapeutic Occupational Portfolio and Bag Grading Criteria**

Number of Items	0 Less than 10 items	3 Duplicate items	5 10-13 sets
Cost/Source/Bag	0 Bag not durable to withstand frequent use	3 <ul style="list-style-type: none"> <li>• Bag inappropriate</li> <li>• Items not contained in bag; difficult to pack efficiently</li> </ul>	5 <ul style="list-style-type: none"> <li>• Professional</li> <li>• Durable</li> <li>• Child-friendly</li> <li>• Able to carry while opening a door</li> <li>• Closable</li> </ul>
Activities	0 <ul style="list-style-type: none"> <li>• Activities are not functional or occupation based</li> </ul>	3 <ul style="list-style-type: none"> <li>• Activities are not appropriate for age chosen but are function and/or occupation-based</li> </ul>	5 <ul style="list-style-type: none"> <li>• Functional</li> <li>• Occupation-based – Each item can be used for at least 2 therapeutic occupations</li> <li>• Fun!</li> </ul>
Materials	0 <ul style="list-style-type: none"> <li>• Unsafe</li> <li>• Not age appropriate</li> </ul>	3 <ul style="list-style-type: none"> <li>• some items are not durable</li> </ul>	5 <ul style="list-style-type: none"> <li>• Durable</li> <li>• Safe</li> <li>• Age appropriate</li> </ul>
Interventions	0 <ul style="list-style-type: none"> <li>• All ages are not included</li> </ul>	10 <ul style="list-style-type: none"> <li>• Interventions for a variety of ages and conditions (2-16 yo)</li> <li>• No items include direct commercial purpose of the item.</li> <li>• Some items can be used for multiple activities</li> </ul>	
Creativity	0 <ul style="list-style-type: none"> <li>• Items/activities lack creative thinking</li> </ul>	5 <ul style="list-style-type: none"> <li>• Some items lack creative thinking</li> </ul>	10 <ul style="list-style-type: none"> <li>• Items chosen reflect creative approach to intervention(s)</li> <li>• Some items reflect a creative art (painting, constructing, etc.)</li> <li>• Items/activity are multimodal and/or multisensory</li> <li>• Flexible features</li> </ul>
Therapeutic Portfolio Chart	0 <ul style="list-style-type: none"> <li>• Incorrect or inaccurate depiction of item, interventions or modifications</li> <li>• Writing does not lead to clear understanding of activity</li> </ul>	10 <ul style="list-style-type: none"> <li>• Partially correct information for item depiction, interventions or modifications</li> <li>• Grammar, spelling, and/or punctuation errors</li> </ul>	20 <ul style="list-style-type: none"> <li>• Correctly reflects item uses, creativity of interventions, and potential modifications</li> <li>• Clear, succinct writing describing activity</li> </ul>
Grading	0 <ul style="list-style-type: none"> <li>• Grading of activities not included</li> </ul>	10 <ul style="list-style-type: none"> <li>• Grading of activities limits durability or creativity of activity</li> </ul>	20 <ul style="list-style-type: none"> <li>• Includes how to appropriately grade one item/activity to meet the needs of a child using an example to describe how you could grade the activity as the child progresses.</li> </ul>
Peer Review	0 <ul style="list-style-type: none"> <li>• Poor feedback to a peer about their bag</li> </ul>		10 <ul style="list-style-type: none"> <li>• Accurate, constructive feedback, suggestions, and fair grading (written in pencil)</li> </ul>
<b>Total</b>			<b>/100</b>



COLLEGE OF PROFESSIONAL SCIENCES  
DEPARTMENT OF OCCUPATIONAL THERAPY

MOCT 603: Clinical Competency Exam Rubric

Student's name: \_\_\_\_\_ Case: \_\_\_\_\_ Date: \_\_\_\_\_

Client's Goal:

*Scoring: A = Actual; P = Potential full points	Score*		Comments/Strengths	Comments/Concerns
	A	P		
1. Writes measurable goal this is relevant and appropriate for the case.		6		
2. Appropriate interactions with the client, i.e.: <b>therapeutic use of self</b> . Timing, sequence, and pace of session.		12		
3. Treatment session addresses treatment <b>priority, client motivation and demonstrates creativity</b> .		12		
4. Therapeutic <b>intervention is properly implemented</b> with consideration for client factors and effective treatment outcome.		12		
5. Appropriate set up and use of <b>environment, equipment, and materials</b> with consideration for <b>safety</b> /precautions. <i>* Safety is priority and can override any other points b/c you can fail FWII for safety infractions.</i>		12		
6. SOAP Note: Subjective		5		
7. SOAP Note: Objective		7		
8. SOAP Note: Assessment		7		
9. SOAP Note: Plan		5		
10. Self-reflection		22		
<b>TOTAL:</b>			<b>Max. Score 100</b>	<b>Instructor:</b>

## Professional Behavior Rubric

NAME: \_\_\_\_\_

**Midterm and Final Professional Behavior MOCT 603**

Criteria	Ratings	
Participation in class discussion (Typical expectation 2x/class)	Provides insightful comments, questions, clarifies concepts, shares experiences and ideas during class. Volunteers to participate during discussions. Encourages peers to contribute. 25 pts	Seldom spontaneously participates, questions, shares experiences, or is withdrawn from discussions. Unprepared when called on in class. Resting or sleeping in class 0 pts
Interpersonal skills and body language	Alert, interested in lecture/activity, positive facial expressions, good eye contact, attentive. Respectful of instructors, guests, community practitioners and peers at all times; appropriate to contexts. Confident, poised 20 pts	Looks bored or uninterested, withdrawn or closed body language, or nonverbal communication. Interrupts learning process by distractions (exiting class, electronic media distractions or other disruptions). 0 pts
Attendance (graded here and potential loss of points for final grade - See Course Policies)	Always on time or early to class. Prepared when class begins. Regards attendance as a priority. If uses single unexcused absence or has excused absence, timely completion of form. 10 pts	Late to classes. Excessive excused or unexcused absences. Failure to complete department absence form for instructor's signature in a timely fashion. Trivial regard for attendance. 0 pts
Overall Appearance	Appearance is consistently appropriate for classroom and community situations. 15 pts	In class on more than one occasion with disregard for appearance. Noncompliance with uniform policy during community participation 0 pts
Participation in group activities/lab	Considerate of needs of others. Eagerly joins activity, constructive feedback, self-guided to repeat activities as needed to attain competence. 20 pts	Reluctant to participate or join, completes work privately (not as part of a team), frustrations exhibited when competence requires additional practice. Inconsiderate of peers. 0 pts
Time Management	Uses time effectively to thoughtfully complete in-class assignments or reflections. Completes all in-class written forms, charts, and assignments. Flexibility in response to changes in demands. 10 pts	Written class or lab assignments incomplete, not submitted or showing limited focus during allotted time. Ineffective use of allotted time. Inflexible in response to changes. 0 pts

Total Points: \_\_\_ out of 100

**MOCT 603, 2016**  
**TENTATIVE SCHEDULE**

The schedule is **always tentative**; changes and adjustments are inevitable. The schedule revisions will be posted ASAP. It is the students' responsibility to check for schedule revisions each class meeting day.  
**Assignment due dates after midterm very tentative and major changes are feasible.**

**Tentative Schedule**

Week	Assignment Due	Readings	Tuesday	Thursday	Friday
1 8/23, 8/25 & 8/26		<p><b>T:</b> C-S: Chap. 1, 2 &amp; 5            REQ: OTPF-3, AJOT 2014  <a href="http://dx.doi.org/10.5014/ajot.2014.682006">http://dx.doi.org/10.5014/ajot.2014.682006</a></p> <p><b>TH:</b> C-S: Chap 4 &amp; 7; plus pp. 793-800;</p> <p><b>Lab:</b> C-S: Chap 3; Bly &amp; EB&amp;M-P</p>	<p>1. Introduction &amp; course expectations, Academic Honesty</p> <p>2. OTPF – 3 (D &amp; P)</p> <p>3. Developmental overview</p> <p>4. Developmental presentation demo: Newborn – 1 month</p>	<p>Neurologic condition (developmental impact): muscle tone, symmetry</p> <p>Prenatal influences</p> <p>Screening using skilled observations</p>	
	<b>F:</b> Submit top 6 Case Study choices in Canvas	<p>REQ: Frolek Clark &amp; Schlabach (2013).  <a href="http://dx.doi.org/10.5014/ajot.2013.006163">http://dx.doi.org/10.5014/ajot.2013.006163</a></p>	<p>Lab: Normal development presentation preparation; DDST  <b>Bring Bly &amp; EB&amp;M-P</b></p>	<p>Lab: Normal development presentation preparation; DDST  <b>Bring Bly &amp; EB&amp;M-P</b></p>	<p>Lab: Normal development presentation preparation; DDST  <b>Bring Bly &amp; EB&amp;M-P</b></p>
2 8/30, 9/1, & 9/2	<b>Dev. Presentation per schedule</b>		<p>Normal development presentations: 2 months to 18 months            10:45: <b>Montessori overview</b></p>	<p>Normal developmental presentations: 19 months to 15.11 years</p>	
		<p><b>Lab:</b> C-S: Chap. 8 &amp; 10; E, B &amp; M-P</p>	<p>Lab: Vision screening, &amp; Fine Motor Interventions</p>	<p>Lab: Vision screening, &amp; Fine Motor Interventions</p>	<p>Lab: Vision screening, &amp; Fine Motor Interventions</p>
3 9/6, 9/8, & 9/9	<p><b>T:</b> "Goal" Discussion initial post</p> <p><b>TH:</b> Case Study Part 1</p> <p><b>TH:</b> "Goal" Discussion: Response post</p>	<p>Online lectures: Readings from Lab week 2 apply to the online lectures and activities</p> <p>Autism: C-S Chap 27            Optional: Foster &amp; Lueger(2014)  <a href="http://www.aota.org/Publications-News/otp/Archive/2014/2-10-14/ModelBehavior.aspx">http://www.aota.org/Publications-News/otp/Archive/2014/2-10-14/ModelBehavior.aspx</a></p> <p>Case-Smith, Weaver &amp; Fristad ('15)  <a href="http://journals.ohiolink.edu/nocdbp/roxy.xavier.edu/ejc/article.cgi?issn=13623613&amp;issue=v19i0002&amp;article=133_asrospfewasd">http://journals.ohiolink.edu/nocdbp/roxy.xavier.edu/ejc/article.cgi?issn=13623613&amp;issue=v19i0002&amp;article=133_asrospfewasd</a></p>	<p><b>Online class only:</b> Fine Motor Development; Autism Internet Modules Discussion</p>		
			<p>Lab: Per individual schedules: Observation at Montessori lab school (typical) and at Evanston Academy (child with a disability)</p>	<p>Lab: Per individual schedules: Observation at Montessori lab school (typical) and at Evanston Academy (child with a disability)</p>	<p>Lab: Per individual schedules: Observation at Montessori lab school (typical) and at Evanston Academy (child with a disability)</p>

Week	Assignment Due	Readings	Tuesday	Thursday	Friday
4 9/13, 9/15, & 9/16	<p><b>T:</b> "Goal" Discussion: Post Revision</p> <p><b>TH:</b> Skilled Observation – Typical</p>	<p><b>T:</b> C-S: Chap. 23</p> <p><b>TH:</b> C-S: Review Chap 7 &amp; BLY + C-S: p. 51-52 + 207-216 + 236-240 + 796-798 + 802-806</p>	<p>School-based services: Laws &amp; Individual education plan; RtI; Ed ID incl: intellectual and learning disabilities, Assessments (SFA)</p> <p><b>No lab</b> due to University wide Spirit Celebration</p>	<p>Neurodevelopmental tx (lect &amp; lab)</p> <p><b>TIMES:</b>  <b>F lab: 8:30 – 10:30;</b>  <b>T lab: 10:45 – 12:45;</b>  <b>TH lab 1:00 – 3:00</b>  <b>Dress: comfortable clothes</b></p>	<p><i>Lane, S., Mailloux, Z., Reynolds, S., &amp; Smith Roley, S. (2015). Patterns of SID in spec pop: EB identification. OTP, 20(17), E1-E8.</i></p> <p><b>No lab</b></p>
5 9/20, 9/22, & 9/23	<p><b>T:</b> Peer Review of Sk. Obs. Typ</p> <p><b>TH:</b> Skilled Observation – CWD</p>	<p><b>T:</b> C-S: Chap. 9;  <b>REQ:</b> May-Benson (2010)  <a href="http://dx.doi.org.nocdbproxy.xavier.edu/10.5014/ajot.2010.09071">http://dx.doi.org.nocdbproxy.xavier.edu/10.5014/ajot.2010.09071</a></p> <p><b>REQ:</b> Lane, Mailloux, Reynolds &amp; Smith Roley, 2015  <a href="http://www.aota.org/-/media/Corporate/Files/Secure/Publications/OTP/2015/OTP-Volume-20-Issue-17.pdf">http://www.aota.org/-/media/Corporate/Files/Secure/Publications/OTP/2015/OTP-Volume-20-Issue-17.pdf</a></p> <p>Optional: Roley (2007)  <a href="http://www.aota.org/Publications-News/otp/Archive/2007/09-24-07.aspx">www.aota.org/Publications-News/otp/Archive/2007/09-24-07.aspx</a></p> <p><b>Lab:</b> Handley-More (2013)  <a href="http://www.aota.org/Publications-News/otp/Archive/2013/11-25-13.aspx">http://www.aota.org/Publications-News/otp/Archive/2013/11-25-13.aspx</a></p> <p><b>TH:</b> C-S: Chap 13;  <b>REQ:</b> Franken (2013)  <a href="http://www.aota.org/Publications-News/otp/Archive/2013/7-08-13/Intellectual-disabilities.aspx">http://www.aota.org/Publications-News/otp/Archive/2013/7-08-13/Intellectual-disabilities.aspx</a></p>	<p>Sensory Processing Lecture by Heidi Clippard</p> <p>Lab: school therapy session review &amp; RtI practice</p>	<p>8:30 – 10:00: Behavior management influences outcomes; Groups &amp; modifying activities;</p> <p>10:15 – 11:15 Midterm review</p> <p>Lab: school therapy session review &amp; RtI practice</p>	
6 9/27, 9/29, & 9/30	<p><b>TH: Midterm</b></p> <p><b>TH+:</b> per lab section schedule: RtI: review</p>	<p><b>T:</b>  <b>REQ:</b> Farley (2014)  <a href="http://www.aota.org/Publications-News/otp/Archive/2014/4-14-14/InTheClassroom.aspx">http://www.aota.org/Publications-News/otp/Archive/2014/4-14-14/InTheClassroom.aspx</a></p> <p><b>REQ:</b> Clark, Cahill &amp; Ivey, 2015 (15) OT Practice  Frolek Clark, &amp; Holahan, 2015 (20) OT Practice  Frolek Clark, G., Cahill, S. M., &amp;</p>	<p>IEP specifics (Present level, goal &amp; objectives, monitoring, &amp; service) – Practice; + OT Plan of Care</p>	<p>8:30 to 9:30 <b>Midterm</b>  9:45 Practice Sensory programs, techniques</p> <p>10:55 Review ASD plans for groups @ EA</p>	

	#1; plan #2	Ivey, C. (2015). School practice documentation: Documenting and organizing quantitative data. <i>OTP</i> , 20(15). 12-15 Frolek Clark, G., & Holahan, L. (2015). Medicaid FAQ in school OT practitioners. <i>OTP</i> , 20(20), 18-20.  <b>TH:</b> Kimball & May-Benson (2013) <a href="http://www.aota.org/Publications-News/otp/Archive/2013/12-16-13.aspx">http://www.aota.org/Publications-News/otp/Archive/2013/12-16-13.aspx</a>	Lab: Implement school therapy session: Rtl plan 1 (provided)	Lab: Implement school therapy session: Rtl plan 1 (provided)	Lab: Implement school therapy session: Rtl plan 1 (provided)
Week	Assignment Due	Readings	Tuesday	Thursday	Friday
7 10/4	<b>TH:</b> IEP  Prof. Bx. Midterm input	<b>T:</b> Applying sensory integration video	<b>Sensory processing labs</b> <b>TIMES:</b> <b>TH lab: 8:30 – 10:30;</b> <b>F lab: 10:45 – 12:45</b> <b>T lab: 1:00 – 3:00</b>	<b>No class: Fall break</b>	<b>No class: Fall break</b>
8 10/11, 10/13, & 10/14	<b>TH:</b> Case Study Paper, Part 2  <b>TH+:</b> Rtl: review #2; plan #3	<b>T:</b> C-S: Chap 18 Howe, Roston, Sheu & Hinojosa (2013) <a href="http://search.proquest.com.nocdbproxy.xavier.edu/docview/1270316690?accountid=407">http://search.proquest.com.nocdbproxy.xavier.edu/docview/1270316690?accountid=407</a>  Hoy (2011) <a href="http://search.proquest.com.nocdbproxy.xavier.edu/docview/859014480?accountid=407">http://search.proquest.com.nocdbproxy.xavier.edu/docview/859014480?accountid=407</a>  <b>TH Play:</b> C-S, Chap 17	<b>7:30 – 8:30 Midterm Retake – Optional!</b> Lect 8:45: Handwriting assessments & programs Treatment demo @ 10:45	Play as a therapeutic technique	
			Lab: Implement school therapy session: Rtl plan 2	Lab: Implement school therapy session: Rtl plan 2	Lab: Implement school therapy session: Rtl plan 2
9 10/18, 10/20 & 10/21	<b>TH:</b> FWI: SOAP  ASD groups begin	<b>T:</b> C-S: Chap. 11; Case-Smith (2013) <a href="http://dx.doi.org.nocdbproxy.xavier.edu/10.5014/ajot.2013.04713">http://dx.doi.org.nocdbproxy.xavier.edu/10.5014/ajot.2013.04713</a>  Schultz-Krohn, W. (2015). OT pediatric practice and the new DSM-5. <i>OTP</i> , 20(15). 17-18.  Rogers (2014) <a href="http://www.youtube.com/watch?v=Wfb8tHn8Xv4&amp;sns=em">http://www.youtube.com/watch?v=Wfb8tHn8Xv4&amp;sns=em</a>  Waite (2014) <a href="http://www.aota.org/Publications-News/otp/Archive/2014/6-30-14/on-the-brink.aspx">http://www.aota.org/Publications-News/otp/Archive/2014/6-30-14/on-the-brink.aspx</a>	Psychosocial Lecture by Heidi Clippard	Psychosocial team & tour @ site location (per lab sec.) <b>TH: 9:00 – 10:00;</b> <b>T: 10:15 – 11:15;</b> <b>F: 11:30 – 12:30</b>	
			Lab: Implement school therapy session: Rtl plan 3	Lab: Implement school therapy session: Rtl plan 3	Lab: Implement school therapy session: Rtl plan 3 <b>ASD group</b>

10 10/25, 10/27 & 10/28		<p><b>T:</b> C-S: Chap 6 Bowyer (2007) <a href="http://libproxy.xu.edu:2048/login?url=http://search.ebscohost.com/login.aspx?direct=true&amp;db=mnh&amp;AN=18032150&amp;site=eds-live&amp;scope=site">http://libproxy.xu.edu:2048/login?url=http://search.ebscohost.com/login.aspx?direct=true&amp;db=mnh&amp;AN=18032150&amp;site=eds-live&amp;scope=site</a></p> <p><b>TH:</b> C-S (6<sup>th</sup> ed.: Ch.12) – posted on Canvas Additional readings TBA</p>	<p>Pedi assessment content: BOT – 2 &amp; PDMS – 2</p> <p>Lab: Pediatric assessments content and practice: BOT-2 and PDMS-2 (with ½ of TH lab)</p>	<p><b>Cortical Visual Impairment All Day Schiff Family Conference Center (8:00 – 4:00)</b></p>	<p>Lab: Pediatric assessments content, practice: BOT-2 and PDMS-2 (+ ½ of TH Lab)</p>
Week	Assignment Due	Readings	Tuesday	Thursday	Friday
11 11/1, 11/3 & 11/4	<p><b>M/T:</b> Case Study Part 3 Team mtg Presentations <b>TH:</b> nothing</p>	<p><b>T:</b> C-S: Chap. 22; Kingsley &amp; Mailloux (2013) <a href="http://dx.doi.org.nocdbproxy.xavier.edu/10.5014/ajot.2013.006171">http://dx.doi.org.nocdbproxy.xavier.edu/10.5014/ajot.2013.006171</a></p> <p><b>TH:</b> C-S: Chap 15 &amp; 16</p>	<p>Early intervention &amp; preschool: family focus; transitions</p> <p>1:00 Lab: Observation EI/PS <b>ASD groups</b></p>	<p>8:30 – 10:15 ADL, IADL, Sleep &amp; rest; and Grading activities</p> <p>1:00 Lab: Observation EI/PS <b>ASD groups</b></p>	<p><b>F lab switched to T, 11/8</b> <b>ASD groups</b></p>
12 11/8, 11/10 & 11/11	<p><b>TH:</b> Therapeutic Occupations Bag <b>F:</b> @ 3 pm Lab scavenger hunt as quiz</p>	<p><b>T:</b> C-S: Chap 14, Howe &amp; Wang (2013) <a href="http://dx.doi.org/10.5014/ajot.2013.004564">http://dx.doi.org/10.5014/ajot.2013.004564</a></p> <p>Bartling &amp; Ausderau (2013) <a href="http://dx.doi.org/10.7138/otp.2013.1812f1#sthash.hSIttVEf.dpuf">http://dx.doi.org/10.7138/otp.2013.1812f1#sthash.hSIttVEf.dpuf</a></p> <p><b>TH:</b> C-S: Chap. 21; Snelling (2014) <a href="http://www.aota.org/Publications-News/otp/Archive/2014/4-14-14/HomewardBound.aspx">http://www.aota.org/Publications-News/otp/Archive/2014/4-14-14/HomewardBound.aspx</a></p>	<p>Feeding Lecture &amp; oral motor lab</p> <p>Feeding lab: 11:30-12:30</p> <p>Self-directed Lab: practice PDMS-2 &amp; BOT-2 <b>Fri Lab: 1:00 Lab: Observation EI/PS</b></p> <p>Lab scavenger hunt prep for clinical comp</p>	<p>Treatment for premature infants and neonatal intensive care</p> <p>Feeding lab: 12 – 1:00</p> <p>Self-directed Lab: practice PDMS-2 &amp; BOT-2</p> <p>Lab scavenger hunt prep for clinical comp</p>	<p>Feeding lab: 12 – 1:00</p> <p>Self-directed Lab: practice PDMS-2 &amp; BOT-2</p> <p>Lab scavenger hunt Prep. for clinical comp</p>
13 11/14, 11/16 &	<p><b>T:</b> Case study: presentation</p>	<p><b>T: REQ: SI:</b> Parham (2011) <a href="http://dx.doi.org.nocdbproxy.xavier.edu/10.5014/ajot.2011.000745">http://dx.doi.org.nocdbproxy.xavier.edu/10.5014/ajot.2011.000745</a></p>	<p>Per schedule: SI @ COTI</p> <p>Administer PDMS – 2 to <b>Guest children all day</b></p>	<p><b>Online: Case study presentations</b> (review required by all)</p> <p>Administer PDMS – 2 to <b>Guest children all day</b></p>	<p>Administer PDMS – 2 to <b>Guest children</b></p>

			Lab Check-out: BOT-2 <b>ASD groups</b>	Lab Check-out: BOT-2 <b>ASD groups</b>	Lab Check-out: BOT-2 <b>ASD groups</b>
14 11/22	<b>T:</b> PDMS-2		<b>8:00 – 1:00</b> Pediatric assessments with BOT-2	Thanksgiving	
Week	Assignment Due	Readings	Tuesday	Thursday	Friday
15 11/29, 12/1 & 12/2	<b>TH:</b> BOT-2	<b>I:</b> C-S: p. 704-714 + Chap 30  <b>TH:</b> C-S: Chap 12 & 25  TH: C-S: p. 715-719	Inpatient Rehabilitation  <b>Peer review of BOT-2</b>	Adolescents	<b>Clinical comps per individual schedule across 2 weeks, alternate week off for ASD group</b>
			Lab: Per schedule: <b>Clinical competency exam</b> with therapeutic occupations bag  <b>ASD groups</b>	Lab: Per schedule: <b>Clinical competency exam</b> with therapeutic occupations bag  <b>ASD groups</b>	
16 12/6, 12/8 & 12/11		<b>TH:</b> Burns (Chapter from OT in Acute Care text)	Services for children with terminal illnesses & bone marrow transplants	8:30 – 10:00 Burn care 10:30 – 11:15 Final Exam Review	
			Lab: Per schedule: <b>Clinical competency exam</b> with therapeutic occupations bag	Lab: Per schedule: <b>Clinical competency exam</b> with therapeutic occupations bag	Lab: Per schedule: <b>Clinical competency exam</b> with therapeutic occupations bag
12/13	<b>Final Exam</b>		<b>8:30 – 10:20: Final exam</b> <i>Prn: Clinical comp make up per schedule w/ instructor</i>		

**Key:** Grey font indicates not yet confirmed.

Red font indicates time change for community engaged or lab session activities

Purple font indicates a “public service announcement” activity which might be of interest

Green highlighting for group activity outside of regular lab section

Yellow highlighting is lab session significantly outside of regular time

Schedule revisions will be posted on Canvas (calendar or announcements) as soon as they are available.

It is the students' responsibility to check for updates **prior to each class** on Canvas.

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