



SECTION ON

**PEDIATRICS**

AMERICAN PHYSICAL THERAPY ASSOCIATION

# PERFORMANCE APPRAISAL OF SCHOOL-BASED PHYSICAL THERAPISTS: THE LINK TO STUDENT OUTCOMES

*American Physical Therapy Association Section on Pediatrics School-Based Special-Interest Group Task Force on School-Based Physical Therapy Performance Appraisals*

## PURPOSE

This document was created to highlight critical considerations in evaluating physical therapist performance in the school setting and to offer a method to link student outcomes to physical therapist effectiveness. Physical therapists (PTs) are not responsible for academic instruction but work as part of a collaborative team to promote student access to and participation in educational programming and activities. The functional outcomes that physical therapists address are critical to their students' achieving postsecondary pursuits in college, career, and/or community participation. Teacher evaluation rubrics that track academic outcomes and student progress through the core curriculum are insufficient to capture the influence of physical therapy on functional outcomes, such as mobility throughout the school environment or performance of self-care activities. This document provides a framework to measure the effectiveness of the physical therapist based on the functional performance of students. Physical therapists should work closely with their respective states to create a valid, fair, and comprehensive evaluation system that complies with state and local guidelines and reflects their scope of practice.

## BACKGROUND

On February 17, 2009, President Obama signed into law the American Recovery and Reinvestment Act of 2009 (ARRA)—legislation designed to stimulate the economy, support job creation, and invest in critical sectors, including education. The ARRA laid the foundation for education reform by supporting investments in innovative strategies that are most likely to lead to improved results for students, long-term gains in school and school system capacity, and increased productivity and effectiveness.

The ARRA provided \$4.35 billion for the Race to the Top Fund, a competitive grant program designed to encourage and reward states that are creating the conditions for education innovation and reform; achieving significant improvement in student outcomes, including making substantial gains in student achievement, closing achievement gaps, improving high school graduation rates, and ensuring student preparation for success in college and careers; and implementing ambitious plans in 4 core education reform areas:

1. Adopting standards and assessments that prepare students to succeed in college and the workplace and to compete in the global economy
2. Building data systems that measure student outcomes and success, and inform teachers and principals about how they can improve instruction
3. Recruiting, developing, rewarding, and retaining effective teachers and principals, especially where they are needed most
4. Turning around lowest-achieving schools

Race to the Top rewards states that have demonstrated success in raising student achievement and have the best plans to accelerate their reforms in the future. These states offer models for others to follow and disseminate the best reform ideas across their states, and across the country. Evaluation of teacher effectiveness through a measurement of student outcomes is a key aspect of this model, in addition to the measurement of professional competencies. Most of the indicators used in the past to determine teacher quality have been found to be inadequate in differentiating among teachers whose students perform well and those whose students are not making adequate progress.

Recent federal funding opportunities have emphasized teacher effectiveness and teacher evaluation based on teachers' contribution to student achievement. Physical therapists, as related service providers within the school setting, also may be evaluated for their effectiveness in achieving student outcomes. To position themselves for a successful Race to the Top bid, many states passed new legislation mandating that student outcomes be a part of teacher and other licensed personnel

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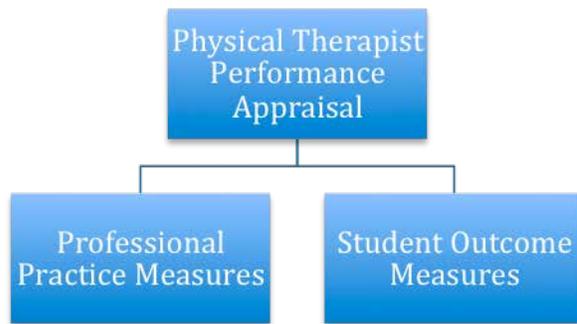
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performance appraisals. Federal priorities specify that acceptable measures for determining contributions to student learning must be rigorous, measured between 2 points in time, and be comparable across classrooms.

**Figure 1. Example of a Comprehensive Performance Appraisal**



### COMPREHENSIVE PERFORMANCE APPRAISAL

A comprehensive performance appraisal should include measures of both professional practice and student outcomes, as shown in Figure 1. While national trends are currently emphasizing the inclusion of student outcomes in performance appraisals, an evaluation of professional practices also is critical to determining physical therapist effectiveness. Competency areas have been identified for school-based physical therapists,<sup>1</sup> including:

- Knowledge of Therapy Practice in Education Settings
- Wellness and Prevention
- Team Collaboration
- Examination and Evaluation
- Planning
- Intervention
- Documentation
- Administrative issues
- Advocacy

Critical professional behaviors have been identified in each of these practice areas and are included in Appendix 1 as a resource for developing relevant tools to evaluate physical therapist professional performance.

An important function of the performance appraisal process is to offer the opportunity for self-reflection and professional development. This requires that specific and meaningful feedback be provided to the physical therapist in order to guide professional growth. It is common for physical therapists to be evaluated by supervisors or administrators who are not physical therapists. These evaluators are unable to provide sound determination or guidance regarding the PT's body of knowledge, clinical decision-making skills, or implementation of the plan

of care. The knowledge and skills of a physical therapist are unique in the school setting and, therefore, it is important that a physical therapist evaluator participate in the appraisal process. The physical therapist evaluator could be a department lead, an experienced peer, or physical therapist consultant. Feedback from a physical therapist is an essential element in providing an accurate and meaningful evaluation that leads to professional growth.

### RELATING PHYSICAL THERAPY SERVICES TO STUDENT OUTCOMES

Attributing student outcomes to the effectiveness of a physical therapist must be grounded in the scope and practice of physical therapy in the educational setting. The mandate for physical therapists working in public schools, as defined by the Individuals with Disabilities Education Act, is "to assist a child with a disability to benefit from special education."<sup>2</sup> The central role of the physical therapist is to promote student access to and participation in the educational environment and curriculum. As such, the contributions of the physical therapist to the student's outcomes directly facilitate functional skills that promote access and participation. Several examples of functional skills are: improved student posture that enables them to work on academic tasks, improved ability to propel a wheelchair and keep pace with peers in the hallways, and improved gross motor skills that promote play and socialization on the playground. Therefore, outcome measures that accurately reflect growth in these skills must be used as a basis to determine the physical therapist's effectiveness.

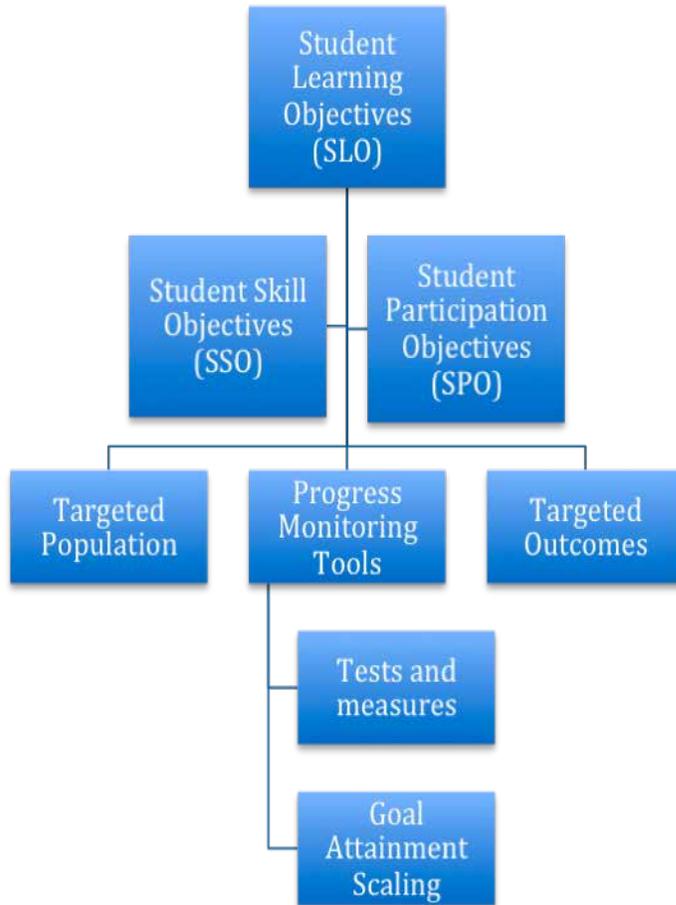
It also is important to note that there is a small but significant percentage of students receiving physical therapy services who have medical conditions that are known to cause deterioration in health and/or functional abilities. It is unrealistic to expect these students to make growth in domains related to physical function. Therefore, performance appraisals should take into consideration the fact that some students will experience functional decline despite effective delivery of physical therapy services. The physical therapist's role is to facilitate continued access to school environments and routines despite declining function.<sup>3</sup> Physical therapists work to ensure that their student has the highest level of participation possible through consultation with staff regarding environmental adaptations.

Physical therapists are responsible for a diverse caseload of students. This is an important distinction from classroom teachers and it significantly affects how student outcomes can be meaningfully linked to the PT. A caseload can include students from age 3 through 21. The type, quantity, and goal of physical therapy services are determined by each student's unique interests, strengths, and needs. Services may be provided directly to the student to facilitate acquisition and generalization of motor skills. Services also may be provided on behalf of the student. These services often focus on staff and parent training in: positioning; the use of specialized adaptive equipment, training and setup for personal care activities; instruction in developing specific motor skills; and modification of school activities and routines to facilitate access and participation.

Therefore, student outcomes in these areas depend not only on the direct service a student may receive from a physical therapist, but also on the consistent daily practice that other educational personnel and parents can provide following instruction from a physical therapist. It is important that any performance appraisal system be reflective of this diverse caseload and the variety of services provided to and on behalf of students. It also is imperative that the data collection, resources, and time spent preparing the appraisal be efficient and effective.

## MEASURING STUDENT OUTCOMES

Figure 2. Student Learning Objectives



## STUDENT LEARNING OBJECTIVES

Student learning objectives (SLOs) have been identified as a valuable method to measure student outcomes and link them to educator effectiveness.<sup>4</sup> An SLO is a goal created for a group of students targeting a specific area of growth. PTs can select student groups that represent a significant component of their caseload and/or that provide an opportunity for professional feedback.

Physical therapists may include 1 or more SLOs as part of their performance appraisals. The specific number of SLOs to be included should be based on state and local guidance as well as discussion with the evaluator. The number of students included in each SLO and the frequency of data collection also are matters of significant consideration. A larger number of students would represent a broader sample of the PT's caseload and may provide a more accurate representation of student outcomes. A

smaller number of students included in each SLO may require fewer resources but would be more sensitive to a child experiencing a decline in function due to surgery, disease process, or other factors. These considerations must be weighed, in addition to state and local education agency rules and policies, when determining an appropriate and reasonable number of students to include in each student learning objective and the frequency of data collection.

## DEVELOPING STUDENT LEARNING OBJECTIVES (SLOs)

SLOs contain 3 main components: the targeted student population, the targeted outcome, and the progress monitoring tool<sup>5</sup>:

**1. Targeted Student Population:** Students can be grouped into functional categories by the specific need being addressed by physical therapy services. These may include<sup>6</sup>:

- Positioning and posture: services to develop and support the student's ability to participate in activities and routines through appropriate positioning. Services to the student could include assessment for adaptive equipment, assessment for environmental modifications or accommodations, and/or provision of direct services to the extent that the student has the ability to make progress. Services on behalf of the student could include training the family and/or school team on safe physical management of the student and use of appropriate equipment; training staff on environmental modifications or accommodations; and/or making recommendations, communicating, and coordinating with outside medical providers and vendors.
- Functional mobility: services to support the development of mobility skills for negotiating natural and learning environments (including stairs, uneven terrain, curbs, and ramps); safe ambulation and transfer skills; speed and endurance to keep pace with peers; and/or wheelchair skills. Services to the student could include assessment of functional mobility in multiple natural environments (inclusive of potential future placements and in the community); assessment of the need for adaptive equipment as appropriate; provision of direct intervention to develop mobility skills to the extent possible; and/or training students in home activities. Services on behalf of the student could include training of the family and/or key caregivers in home programs, and/or training of school teams (including the development of mobility practice schedules) to maximize independent and safe mobility.
- Foundational motor skills: services to students to develop and support the ability to participate in age-appropriate motor activities and routines, motor groups, and/or physical education/recreation with peers. Services to the student could include assessment of the need for adapted

equipment and/or provision of direct intervention to the extent that the student has the ability to make progress in gaining foundational motor skills. Services on behalf of the student could include training of the staff, family, or caregivers in strategies, accommodations, or modifications; and provision of strategies to the physical education teacher and others to support inclusion.

- **Self-care:** services to students to support the ability to participate in mealtime, dressing, and/or personal care activities; and develop functional independence within the learning environment. Services to the student could include assessment of routines and activities to develop strategies and modifications; assessment of the need for adaptive equipment; and/or provision of direct intervention to develop skills necessary to complete the task to the extent that the student has the ability to make progress. Services on behalf of the student could include training of the staff in strategies and modifications; recommending and acquiring adaptive equipment as needed; and/or training of parents/caregivers.
- **Self-management in the learning environment:** services to students to support the ability to engage in age-appropriate play and learning activities; facilitate organizational skills or strategies to manage classroom materials, personal space, and belongings; develop appropriate work behaviors and coping strategies; and build skills for transition between activities or within daily school routines. Services to the student could include participation in the assessment of interfering behaviors; assessment of routines and activities relative to all learning environments to develop strategies and modifications; provision of direct intervention to develop the necessary skills; and/or working with the student to develop self-advocacy skills. Services on behalf of the student could include participation with the team to develop intervention plans; development of strategies and modifications to routines and school activities; and/or training of the school team and parents/caregivers.
- **Assistive technology:** services to students to support the ability to participate in family activities and routines or to increase access, participation, and progress across educational environments through the use of assistive technology devices. Services to the student could include participation in the team assessment process including the student, environment, task, and tools; and/or training the student in the use of adaptive equipment or assistive technology to access instruction and the learning environment. Services on behalf of the student could include participation in the recommendation of equipment for trial or acquisition; training the family and school team in the

use of adaptive equipment or assistive technology to access instruction and the learning environment; communication of strategies with the family and caregivers; and/or communicating and helping families coordinate with outside providers and vendors.

- **Vocational skills:** services to students to develop strategies and support their employability in integrated community settings. Services to the student could include assessment of the work environment and work demands and provision of suggestions for modifications; training in access to public transportation; provision of direct intervention to develop the necessary job skills; and/or working with the student to develop self-advocacy skills. Services on behalf of the student could include training of the staff in strategies and modifications; and/or recommending and acquiring adaptive equipment.
- **Safety within the school environment:** services to students to support safety throughout the school environment (including community based instructional sites). Services to the student could include training in procedures for emergency evacuations from school buildings and/or buses. Services on behalf of the student could include training of the staff in appropriate evacuation procedures from school buildings and buses; and or recommending and acquiring adaptive equipment.

**2. Targeted Outcome:** The targeted outcome represents the growth that is anticipated in the targeted student population within the performance appraisal period or other designated time frame. The outcome parameters are defined according to the progress monitoring tool chosen to measure the SLO.

**3. Progress Monitoring Tool:** When writing an SLO for a group of students, the chosen progress-monitoring tool needs to be consistent across students. Therefore, in an SLO targeting functional mobility, each student's growth should be monitored with the same tool, eg, the Timed Up and Go (TUG) test. The tool should be determined prior to beginning data collection and should be stated in the SLO.

## STUDENT LEARNING OBJECTIVES BASED ON TYPE OF SERVICE DELIVERY

SLOs can be written to measure the effectiveness of physical therapy services provided to the student and services provided on behalf of the student. Learning objectives that measure the effectiveness of services provided to the student are described as student skill objectives (SSOs). Learning objectives written to measure the effectiveness of services provided on behalf of the student are described as student participation objectives (SPOs). The following examples of student learning objectives demonstrate a variety of ways in which they can be written. At this time, there is inadequate evidence to suggest specific numerical targets. These need to be determined based on the student group and in collaboration with the evaluator.

## Examples of Student Skill Objectives

Identified students receiving physical therapy to address barriers in the area of *positioning and posture* will obtain an average change of > 1.0 as measured by goal attainment scaling (GAS)<sup>7</sup>:

- Targeted Student Population: students receiving physical therapy to address barriers in the area of *positioning and posture*
- Targeted Outcome: average change of > 1.0
- Progress Monitoring Tool: GAS

Eighty percent of students included in the PT performance appraisal process and receiving physical therapy services to address *functional mobility skills* will improve by 2 points as measured by GAS:

- Targeted Student Population: students included in the PT performance appraisal process and receiving physical therapy services to address *functional mobility skills*
- Targeted Outcome: 80% of students will improve by 2 points
- Progress Monitoring Tool: GAS

Identified students receiving physical therapy services to address *self-care skills* will obtain an average change of 3 points on the School Function Assessment's Hygiene Activity Performance Scale:

- Targeted Student Population: students receiving physical therapy services to address *self-care skills*
- Targeted Outcome: average change of 3 points
- Progress Monitoring Tool: School Function Assessment's Hygiene Activity Performance Scale

## Examples of Student Participation Objectives

Physical therapy services provided on behalf of identified students via supplementary aids and services in the area of *foundational motor skills* will result in an average change score of > 1.0 as measured by GAS:

- Targeted Student Population: students receiving service on their behalf via supplementary aids and services in the area of *foundational motor skills*
- Targeted Outcome: average change score of > 1.0
- Progress Monitoring Tool: GAS

Seventy-five percent of students included in the PT performance appraisal process and require accommodations or modifications related to *assistive technology* will improve frequency of implementation by 1 point as measured by GAS:

- Targeted Student Population: students included in the PT performance appraisal process and requiring accommodations or modifications related to *assistive technology*

- Targeted Outcome: 75% will improve frequency of implementation by 1 point

- Progress Monitoring Tool: GAS

Eighty percent of students receiving physical therapy services on their behalf to address *safety within the school environment* will obtain a 2-point increase as measured by GAS when compared to the baseline:

- Targeted Student Population: students receiving physical therapy services on their behalf to address *safety within the school environment*
- Targeted Outcome: 2-point increase when compared to the baseline
- Progress Monitoring Tool: GAS

## MEASURING STUDENT SKILL AND STUDENT PARTICIPATION OBJECTIVES

### Standardized Tests

Because student skill and participation objectives measure outcomes for a group of students, the same tool must be used to collect data on each individual student. Using a standardized test for measuring student outcomes is a reasonable option that may be appropriate for only a small portion of the physical therapist's caseload. When selecting a standardized test, the following factors must be considered:

- Is there a valid and reliable test available for the student's age and/or degree of disability?
- Does the test supply meaningful information regarding functional school tasks?
- Is the test valid with repeated testing within the timeframe of 1 school year?
- Is the test sensitive enough to reflect changes typically expected within a school year?

A list of standardized tests and measures is provided in Appendix 2. Each test included currently is being used in school practice and is administered by the physical therapist and/or the education team. While this list is comprehensive, it is not exhaustive, and school-based physical therapists may have other tools to assess the function and participation of a student in the school setting. Each test included in the resource meets 1 or more of the following criteria:

- Evidence is available regarding validity and/or reliability of the test.
- The test provides information on functional skills required for typical school activities.
- The information obtained is valuable for program planning and/or goal setting.

Inclusion in the list does not mean that the test or measure meets all of the above criteria or that it will be suitable to measure SSOs or SPOs. In many cases, it will be impossible to select 1 standardized test that meets the above criteria for all students within a specific SSO or SPO. Therefore, alternative methods for measuring student outcomes must be considered.

## Goal Attainment Scaling (GAS)

When providing services to the student, physical therapists use their expertise to develop individual student goals as part of the Individualized Education Program (IEP) process.<sup>2</sup> These goals are a rich resource for measuring student outcomes. The goals are developed around the student's specific need area and are informed by student, team, and family priorities. The physical therapist determines anticipated progress for the student based on prognostic, environmental, and personal factors. These goals are, therefore, an ideal foundation on which to assess student outcomes over time. However, the goals developed by the physical therapist must be of adequate rigor to fairly assess effectiveness. Goals also must be measured using a numerical scale to aggregate individual student outcome data in order to represent the outcome of a group of students. In addition, the timeframe for measuring student outcomes for the performance appraisal process will likely be different from that used to measure the IEP goals. The use of GAS provides a solution to address the need for rigor, a quantitative measurement, and the appropriate timeframe for the performance appraisal.

Goal attainment scaling (GAS)<sup>7</sup> is a criterion-referenced tool that measures change by defining an individualized set of goals, identifying a range of outcomes commonly using a 5-point scale, and then using the scale to determine functional change. Using the IEP goals as a basis for developing GAS goals is recommended. Reviewing the goal attainment scale with another professional familiar with the student helps to ensure adequate rigor and an accurate description of baseline and targeted performance. Defining a range of outcomes allows for more objective and sensitive measurement of the goal. Goals should be relevant, understandable, measurable, behavioral, attainable and time-limited. The time to achieve the goal should be equal to or less than the performance appraisal time period. When determining the rating scale the following principles must be applied:

- Each rating should be distinct, with no possible overlap in student function between rating levels
- Generally, no more than 1 dimension or variable should change per performance level.

GAS may be new to many school-based physical therapists, and training may be required to maximize the validity of this outcome measure.<sup>8,9</sup>

## The 5 levels of the GAS

Attainment Level	Score	Description
Baseline	-2	Current level of student performance
Less than expected outcome	-1	Less than expected performance after therapeutic intervention
Expected outcome	0	Expected level of performance after therapeutic intervention
Greater than expected outcome	+1	Greater than expected performance after therapeutic intervention
Much greater than expected outcome	+2	Much greater than expected performance after therapeutic intervention

## Examples of Goal Attainment Scaling (GAS) for Student Skill Objectives

The following are examples of GAS that measure student outcomes as a result of services provided to the student. Skill acquisition and generalization can be monitored using a variety of dimensions including, but not limited to: assistance, time, and distance. The general scales below provide a model of several types of GAS goals. The specific examples demonstrate the level of detail required for the goal to be measurable and meaningful.

### General GAS Scale Measuring Assistance:

Attainment Level	Score	Description
Baseline	-2	The student requires the greatest amount of assistance to perform skill.
Less than expected outcome	-1	The student requires less assistance to perform skill.
Expected outcome	0	The student requires the anticipated amount of assistance to perform skill following intervention.
Greater than expected outcome	+1	The student requires less than anticipated amount of assistance to perform skill.
Much greater than expected outcome	+2	The student requires significantly less than anticipated amount of assistance to perform skill.

**Example 1:** The student is blind and has little experience on the playground. He needs to explore the playground and have more opportunities to participate with his peers. The student requires physical assist and verbal prompts to climb the playground steps and slide down a slide:

Attainment Level	Score	Description
Baseline	-2	The student climbs the steps to the playground structures and slides down with verbal prompts and physical assistance.
Less than expected outcome	-1	The student climbs the steps to the playground structures and slides down with verbal prompts and contact guard.
Expected outcome	0	The student climbs the steps to the playground structures and slides down with verbal prompts and close supervision.
Greater than expected outcome	+1	The student climbs the steps to the playground structures and slides down with verbal prompts.
Much greater than expected outcome	+2	The student climbs the steps to the playground structures and slides down independently.

**Example 2:** The student drives a power wheelchair independently. Increased independence in opening exterior school doors is an identified goal for this student. He currently requires physical assistance and verbal prompting to complete this skill:

Attainment Level	Score	Description
Baseline	-2	The student requires physical assistance and verbal prompting to push open and drive through an outside school door to exit the building.
Less than expected outcome	-1	The student requires verbal prompting to push open and drive through an outside school door to exit the building.
Expected outcome	0	The student will independently push open and drive through an outside school door to exit the building.
Greater than expected outcome	+1	The student will push open, drive through, and hold an outside school door for his assistant to exit the building.

Much greater than expected outcome	+2	While being the line leader for his class, the student will independently push open, drive through, and hold an outside school door for his classmates to exit the building.
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#### General GAS Scale Measuring Distance:

Attainment Level	Score	Description
Baseline	-2	The student moves minimal distances.
Less than expected outcome	-1	The student moves increased distances.
Expected outcome	0	The student moves anticipated distances following intervention.
Greater than expected outcome	+1	The student moves greater than anticipated distances.
Much greater than expected outcome	+2	The student moves significantly greater than anticipated distances.

**Example:** The student has emerging walking skills. She crawls throughout the classroom and independently pulls to stand to play with toys:

Attainment Level	Score	Description
Baseline	-2	The student independently pulls to stand to play with a desired object.
Less than expected outcome	-1	The student cruises 1-3 feet along a stable surface to play with a desired object.
Expected outcome	0	The student cruises 3-5 feet along a stable surface to play with a desired object.
Greater than expected outcome	+1	The student takes 1-5 steps independently away from the stable surface.
Much greater than expected outcome	+2	The student takes > 5 steps independently away from the stable surface.

### General GAS Scale Measuring Time:

Attainment Level	Score	Description
Baseline	-2	The student requires significantly more time than anticipated to complete an activity.
Less than expected outcome	-1	The student requires more time to complete the activity.
Expected outcome	0	The student completes the activity in anticipated timeframe following intervention.
Greater than expected outcome	+1	The student completes the activity in less than anticipated time.
Much greater than expected outcome	+2	The student completes the activity in significantly less time than anticipated.

**Example:** *At a new school, the student, who uses a manual wheelchair, has encountered ramps for the first time. Moving up and down the ramps safely and efficiently is an important life skill for this student. The student currently propels himself up the ramp (~34') in 30 seconds:*

Attainment Level	Score	Description
Baseline	-2	The student pushes his manual wheelchair up the ramp (34 feet) to class in 30 seconds.
Less than expected outcome	-1	The student pushes his manual wheelchair up the ramp (34 feet) to class in 25-29 seconds.
Expected outcome	0	The student pushes his manual wheelchair up the ramp (34 feet) to class in 20-24 seconds.
Greater than expected outcome	+1	The student pushes his manual wheelchair up the ramp (34 feet) to class in fewer than 20 seconds.
Much greater than expected outcome	+2	The student pushes his manual wheelchair up the ramp (34 feet) to class in fewer than 20 seconds and while interacting with peers.

### Examples of Goal Attainment Scaling for Student Participation Objectives

The following are examples of goal attainment scaling that measure student outcomes as a result of services provided on their behalf. These examples quantify staff training for equipment use or skill assistance, student participation in an activity,

level of equipment use, and the frequency with which a student participates in an activity. There may be additional dimensions by which a physical therapist can measure student outcomes related to services provided on their behalf.

### General GAS Scale Measuring Proficiency/Comfort Level of Staff:

Attainment Level	Score	Description
Baseline	- 2	The staff needs training for equipment or skill assistance.
Less than expected outcome	- 1	The staff has received initial training but still has questions.
Expected outcome	0	The staff has tried equipment set-up or assisting the student with the skill on his own.
Greater than expected outcome	+1	The staff has used equipment or assisted the student multiple times and feels comfortable doing so.
Much greater than expected outcome	+2	The staff uses equipment or assists the student easily and the activity has become integrated into the school day.

**Example:** *The student needs to increase his independent mobility in the classroom with the support of a gait trainer. The PT provides staff training on appropriate student positioning and use of the gait trainer, making needed adjustments to equipment or program to improve staff proficiency:*

Attainment Level	Score	Description
Baseline	- 2	The staff needs training for positioning the student in the gait trainer.
Less than expected outcome	- 1	The staff has received initial training but continues to need PT assistance for correctly positioning the student in the gait trainer.
Expected outcome	0	The staff positions the student independently in the gait trainer without PT assistance.
Greater than expected outcome	+1	The staff positions the student in the gait trainer once per day in a single environment.
Much greater than expected outcome	+2	The staff positions the student in the gait trainer daily in multiple environments.

General GAS Scale Measuring Student Participation:

Attainment Level	Score	Description
Baseline	-2	The student is unable to participate in any part of the activity.
Less than expected outcome	-1	Given support and/or accommodations, the student is beginning to participate up to ¼ of the activity.
Expected outcome	0	Given support and/or accommodations, the student participates in ¼ to ½ of the activity.
Greater than expected outcome	+1	Given support and/or accommodations, the student participates in ½ to ¾ of the activity.
Much greater than expected outcome	+2	Given support and/or accommodations, the student participates in ¾ to all of the activity.

**Example:** Using his gait trainer to participate in physical education class is an identified priority for this student. The physical therapist trains the staff to help the student move his legs to push the gait trainer forward to participate in a game and makes recommendations for adjusting staff support as the student's participation changes:

Attainment Level	Score	Description
Baseline	-2	Given positioning in the gait trainer, the student is unable to participate in the game.
Less than expected outcome	-1	Given positioning in the gait trainer and staff support to move his legs, the student is beginning to participate up to ¼ of the game.
Expected outcome	0	Given positioning in the gait trainer and staff support to move his legs, the student is beginning to participate ¼ to ½ of the game.
Greater than expected outcome	+1	Given positioning in the gait trainer and staff support to move his legs, the student is beginning to participate ½ to ¾ of the game.
Much greater than expected outcome	+2	Given positioning in the gait trainer and staff support to move his legs, the student is participating in ¾ to all of the game.

General GAS Scale Measuring Equipment Use/Status:

Attainment Level	Score	Description
Baseline	-2	The student needs to be provided or set up with equipment.
Less than expected outcome	-1	The student has received equipment but has had minimal practice with it.
Expected outcome	0	The student demonstrates comfort/tolerance using equipment.
Greater than expected outcome	+1	The student uses equipment regularly with minimal adjustments.
Much greater than expected outcome	+2	The student uses equipment regularly, helps with equipment setup, or needs less equipment for the activity.

**Example:** The student needs to be safely positioned in standing in the bathroom so the staff can manage his clothing in preparation for toileting. The physical therapist modifies an adjustable table with a grab bar to support the student while standing. The physical therapist trains the classroom staff in use of the equipment and methods to assist the student during the activity:

Attainment Level	Score	Description
Baseline	-2	The student needs equipment set up to support standing during clothing changes in the bathroom.
Less than expected outcome	-1	The student has been introduced to standing table setup but is resistant to its use and will not hold onto the grab bar.
Expected outcome	0	The student stands safely at the table for clothing changes with assistance to hold onto the grab bar.
Greater than expected outcome	+1	The student holds the grab bar and stands during clothing changes.
Much greater than expected outcome	+2	The student maintains standing during clothing changes while leaning against the table without using the grab bar.

### General GAS Scale Measuring Frequency:

Attainment Level	Score	Description
Baseline	-2	The student attempts the activity after setup less than 1x/week.
Less than expected outcome	-1	The student attempts the activity after setup at least 1x/week.
Expected outcome	0	The student attempts the activity after setup at least 2x/week.
Greater than expected outcome	+1	The student attempts the activity after setup at least 3x/week.
Much greater than expected outcome	+2	The student attempts the activity after setup at least 4x/week.

**Example:** *The physical therapist has positioned the student in the gait trainer and trained the classroom staff in positioning as well as assisting the student to take steps. The educational team wants the student to use the gait trainer to walk from the hallway to the lunch table for lunchtime. He needs to be given regular and consistent practice.*

Attainment Level	Score	Description
Baseline	-2	The student walks to the lunch table less than 1x/week.
Less than expected outcome	-1	The student walks to the lunch table at least 1x/week.
Expected outcome	0	The student walks to the lunch table at least 2x/week.
Greater than expected outcome	+1	The student walks to the lunch table at least 3x/week.
Much greater than expected outcome	+2	The student walks to the lunch table at least 4x/week.

### Putting It All Together

The following example demonstrates the method for using individual student goal attainment scales to measure an SLO for a group of students receiving physical therapy services to address functional mobility skills.<sup>10</sup>

#### Targeted Student Population Need Area:

##### Functional Mobility

**Student Skill Objective:** Identified students (n = 5) receiving physical therapy services to address barriers in the area of mobility in the school environment will obtain an average change of > 1.0 as measured by Goal Attainment Scaling (GAS).

### GAS of Individual Students in the Group:

#### Student #1:

Attainment Level	Score	Description
Baseline	-2	The student descends a half flight of stairs with 1 hand on the right rail and the other hand held by an adult, using a nonreciprocal pattern with a right leg lead, 2/3 trials.
Less than expected outcome	-1	The student descends a half flight of stairs with 1 hand on the right rail and contact guarding by an adult, using a nonreciprocal pattern with a right leg lead, 2/3 trials.
Expected outcome	0	The student descends a half flight of stairs with 1 hand on the right rail and supervision by an adult, using a nonreciprocal pattern with a right leg lead, 2/3 trials.
Greater than expected outcome	+1	The student descends a full flight of stairs with 1 hand on the right rail and supervision by an adult, using a nonreciprocal pattern with a right leg lead, 2/3 trials.
Much greater than expected outcome	+2	Student descends a full flight of stairs with 1 hand on the right rail and supervision by an adult, using a nonreciprocal pattern with a right leg lead, 3/3 trials.

#### Student #2:

Attainment Level	Score	Description
Baseline	-2	Given close guarding by an adult, the student walks at his own pace in the right half of the hallway from the classroom to the gym (150 feet with two 90-degree turns within the first 50 feet).
Less than expected outcome	-1	Given close guarding by an adult, the student walks at his own pace in the right third of the hallway from the classroom to the gym (150 feet with two 90-degree turns within the first 50 feet).

Expected outcome	0	Given close guarding by an adult, the student walks at his own pace at the end of the class line in the right third of the hallway from the classroom to the gym (150 feet with two 90-degree turns within the first 50 feet).
Greater than expected outcome	+1	Given close guarding by an adult, the student keeps pace while walking at the end of the class line in the right third of the hallway, from the classroom to the gym (150 feet with two 90-degree turns within the first 50 feet).
Much greater than expected outcome	+2	Given close guarding by an adult, the student keeps pace while walking in the middle of the class line, staying in the right third of the hallway, from the classroom to the gym (150 feet with two 90-degree turns within the first 50 feet).

**Student #3:**

Attainment Level	Score	Description
Baseline	-2	The student moves forward a distance of 100 feet using an assistive device, 80% of opportunities.
Less than expected outcome	-1	The student moves forward a distance of at least 150 feet using an assistive device, 80% of opportunities.
Expected outcome	0	The student moves forward a distance of 200 feet using an assistive device, 80% of opportunities.
Greater than expected outcome	+1	The student moves forward a distance of 250 feet using an assistive device, 80% of opportunities.
Much greater than expected outcome	+2	The student moves forward a distance of > 250 feet using an assistive device, 80% of opportunities.

**Student #4:**

Attainment Level	Score	Description
Baseline	-2	The student demonstrates the ability to self-propel his wheelchair an average of 150 feet within 20 minutes.
Less than expected outcome	-1	The student will self-propel his wheelchair 150 feet within 15 minutes, 80% of opportunities.
Expected outcome	0	The student will self-propel his wheelchair 200 feet within 15 minutes, 80% of opportunities.
Greater than expected outcome	+1	The student will self-propel his wheelchair 250 feet within 15 minutes, 80% of opportunities.
Much greater than expected outcome	+2	The student will self-propel his wheelchair 250 feet within 10 minutes, 80% of opportunities.

**Student #5:**

Attainment Level	Score	Description
Baseline	-2	Upon arrival, the student can transfer from his wheelchair to standing at his locker when given moderate assistance (50%) from an adult.
Less than expected outcome	-1	Upon arrival, the student can transfer from his wheelchair to standing at his locker when given minimal assistance (25%) from an adult.
Expected outcome	0	Upon arrival, the student can transfer from his wheelchair to standing at his locker when given contact guarding from an adult.
Greater than expected outcome	+1	Upon arrival, the student can transfer from his wheelchair to standing at his locker when given supervision from an adult.
Much greater than expected outcome	+2	Upon arrival, the student can transfer from his wheelchair to standing at his locker independently.

*Individual GAS scores can be analyzed by computing the GAS change score:  $GAS\ Change = GAS\ Final - GAS\ Initial$ . The mean of individual GAS change scores can be an outcome measurement of the student group.*

## STUDENT LEARNING OBJECTIVES AND PROFESSIONAL PRACTICE RATINGS

Student learning objectives should be one component of a comprehensive performance evaluation system. Many states are developing multi-level scoring criteria for measuring achievement of SLOs. For example, the scoring criteria may rate the PT on a continuum from ineffective to highly effective, and this rating would reflect the student outcome portion of the performance appraisal. This rating should be combined with an additional effectiveness rating that is based upon professional practices and behaviors. Each state is responsible for developing their own scoring criteria and any rubrics or matrices that will be used to determine the final effectiveness rating for the physical therapist. Performance appraisal systems developed to date are diverse and will likely continue to evolve as information on their validity, reliability, and effects on student outcomes become available.

## CONCLUSION

States and local education agencies are working to develop performance appraisals that include student outcomes as a component of determining physical therapist effectiveness. A comprehensive appraisal includes measures to evaluate both professional practice and student outcomes. Measures used for both of these components should be focused within the scope of physical therapy practice: improving student access to and participation in typical school activities and routines. This document delineates important professional practices for physical therapists and can be used to create a tool that evaluates these practices. A method using student learning objectives to link student outcomes to physical therapist effectiveness also is recommended. SLOs measure the outcomes of students grouped into functional categories based on their most significant physical therapy-related need. SLOs are monitored using tests and measures familiar to school-based PTs or with goal attainment scales that improve the rigor and specificity with which individual student outcomes are measured. Physical therapists should work closely with states and local education agencies to develop a valid, comprehensive, and fair performance evaluation system.

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## FOR MORE INFORMATION:

If you have additional questions, would like to order additional copies of this fact sheet, or would like to join the Section on Pediatrics, please contact the Executive Office of the Section on Pediatrics of the American Physical Therapy Association at: APTA Section on Pediatrics, 1111 North Fairfax Street, Alexandria, VA 22314, 800/999-2782, ext 3254, Fax: 703/706-8575. Or visit the Section's website at [www.pediatricapta.org](http://www.pediatricapta.org).

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## Appendix 1. Professional Practice

The following professional practices are adapted from Updated Competencies for Physical Therapists Working in Schools by Effgen et al.<sup>11</sup> These practices have been identified as indicators of competence and can be used to create a performance appraisal tool to evaluate professional behaviors.

### Competency Area 1: Context of Therapy Practice in Education Settings

Physical Therapists:

- Apply appropriate, evidence-based evaluation and intervention strategies to support an outcome-based educational curriculum, academic achievement, and functional performance.
- Comply with regulations at the local, state, and federal levels (ie, FERPA, HIPAA, ADA, Section 504, IDEA, state PT practice acts).
- Demonstrate integrity and professional behavior at all times, and are knowledgeable regarding ethical and legal responsibilities as they relate to the school setting.
- Treat all stakeholders (eg, students, educational staff, family members, community partners) with dignity and respect.
- Disseminate information about criteria for eligibility and methods of referral.
- Understand other educational and/or medical disciplines in order to make appropriate referral.
- Access relevant assessment and information from other disciplines in order to inform decision making (eg, prognosis, intervention, strategy selection) to positively affect student outcomes.

### Competency Area 2: Wellness and Prevention

Physical Therapists:

- Serve as a resource to all stakeholders invested in student education (eg, parents, students, families, administrators, educational staff, communities).
- Promote student safety, wellness, and current and future participation as an active member of his/her school and community.

### Competency Area 3: Team Collaboration

Physical Therapists:

- Develop positive relationships and work collaboratively with educational stakeholders (eg, students, parents, families) and community members (eg, medical professionals, potential employers, service providers).
- Demonstrate effective oral and written communication.
- Assess and proactively address team dynamics and individual characteristics of team members.
- Employ effective collaboration strategies.

## Competency Area 4: Evaluation and Assessment

Physical Therapists:

- Determine the purpose of evaluations (eg, eligibility, program planning, progress monitoring).
- Conduct educationally relevant assessments to:
  - Identify student strengths and needs from a variety of sources and settings.
  - Identify challenging environments, activities, and routines.
  - Select appropriate formal and/or informal evaluation instruments.
  - Determine levels of student participation, necessary assistance, and modification and/or adaptation.
  - Determine functional performance in all domains, including: gross, fine, and perceptual motor, cognitive, social/emotional skills; and activities of daily living.
  - Identify impairments related to functional performance and participation, including: musculoskeletal, neuromotor, sensory function, and cardiopulmonary status.
- Interpret and communicate evaluation findings and relevant diagnostic/prognostic information effectively to the IEP team (ie, family, student, and other team members).
- Serve as a resource to the school team on various disabilities and medical diagnoses, and their impact on education.

### Competency Area 5: Planning

Physical Therapists:

- Actively participate in the determination of eligibility for special education or related services and the development of the student's IEP.
- Participate in discussion of prioritized, measurable goals/outcomes related to the student's educational needs based on current and future environmental demands and student and/or family goals.
- Offer appropriate recommendations for student placement and personnel needs based on the least-restrictive educational setting.
- Create PT plans of care, following IEP development, to address prioritized student outcomes/goals and to delineate:
  - Specific intervention methods and strategies.
  - Clinical rationale for frequency, intensity, and duration.
  - Adaptive equipment, assistive technology, and environmental adaptations.
  - Provision of instruction for the student and other team members in the appropriate use of adaptive equipment and assistive technology.
  - Sources for obtaining, maintaining, repairing,

and financing adaptive equipment, assistive technology, and environmental adaptations.

- Staff training and monitoring of equipment.
- Data collection to promote ongoing coordination and collaboration regarding the IEP, including:
  - ◇ Implementation
  - ◇ Updating or modifying IEP
  - ◇ Transition planning and implementation of the transition plan with community stakeholders and family

## Competency Area 6: Intervention

Physical Therapists:

- Use various types and methods of service provision to individualize interventions for the student and on the student's behalf.
- Use knowledge of physical therapy theory and evidence-based practice to develop and implement educationally appropriate intervention strategies and accommodations.
- Use classroom activities and routines to address student goals and objectives.
- Collaborate with educational staff to ensure students' access to movement-based instruction, physical management, and a movement-rich learning environment.
- Promote student participation and function to enhance overall development, learning, and positive postschool outcomes.
- Function as consultants, providing technical assistance as needed to all stakeholders.
- Evaluate and document the effectiveness of PT intervention strategies.
- Collect baseline and ongoing data on the student's progress toward stated IEP outcomes, participation, and functional status.
- Summarize data to determine student's progress and modify PT plan of care as needed.

## Competency Area 7: Documentation

Physical Therapists:

- Maintain current documentation of service delivery that meets requirements of state licensing board.
- Provide written communication (eg, reports, progress notes, assessment or reassessment reports, letters of medical necessity) that is conveyed in commonly understood and meaningful terms, summarizing relevant information.
- Comply with documentation requirements of local LEA policy.
- Comply with documentation requirements of state Medicaid policy and/or professional development, if needed.
- Collect and maintain data for team use and decision making.

## Competency Area 8: Administrative Issues

Physical Therapists:

- Demonstrate flexibility, priority setting, and effective time-management strategies.
- Maintain appropriate caseload for hours worked, based on LEA policy.
- Obtain resources and data necessary to ensure a high-quality PT program focused on student outcomes, function, and participation.
- Attend and participate in PT staff meetings and positively contribute to the philosophy, vision, development, and coordination of the PT program.
- Identify and educate others about the overall roles, responsibilities, and functions of educational and clinical therapy services.
- Identify the administrative needs of the PT therapy program (eg, workload, work environment, work flow, initiatives).

## Competency Area 9: Advocacy

Physical Therapists:

- Assist school administrators with development of policies and procedures to promote inclusion and participation of all students in the educational experience.
- Promote campus accessibility for all.
- Provide expertise to develop informational resources, support safe student evacuation, promote injury prevention (for students and staff), and create universal designs for learning.

## Competency Area 10: Supervisors, Managers, Team Leaders (as Appropriate)

Physical Therapy Supervisors, Managers, and Team Leaders:

- Develop and analyze job descriptions for PTs.
- Implement a recruitment, orientation, mentorship, and professional development program for PTs and staff.
- Develop and implement policies and procedures to guide physical therapy services.
- Define LEA-specific workloads, and establish appropriate caseloads and staffing needs.
- Create and manage a professional development plan for the PT program, specific to needs of LEA.
- Evaluate the performance of PT personnel, at least annually.
- Plan and implement a PT quality assurance plan and program evaluation.
- Participate in LEA wellness policies, curriculum development, and/or educational activities.
- Make recommendations, especially related to ensuring accessibility to the school environment.
- Plan and manage a budget for the PT program.

## Appendix 2. Tests and Measures for the School-Based Physical Therapist<sup>8</sup>

Tool	Purpose	Time Required	Age Limits	Who Administers the Tool/Test?	Tests <sup>a</sup> :
Activities Scale for Kids (ASK)	Self-reported 30-item measure of physical functioning with capability and performance versions		5-15 years	Self-report completed at home by parent or caregiver	A
Assessment, Evaluation, and Programming System (AEPS) for Infants and Children	Criterion-referenced assessment done through observation of naturally occurring activities. FM, GM, cognitive, adaptive, social and communication	30-120 minutes	Newborn-6 years	Team	B, A
Battelle Developmental Inventory (BDI-2)	Norm-referenced assessment of personal-social, adaptive, motor, communication and cognitive skills. Interview or observation	1-2 hours	Birth-8 years	Interview or observation by team	P, A
Bruininks Oseretsky Test of Motor Proficiency (BOT-2)	Norm-referenced test of GM, FM skills	45-60 minutes	4-21 years	PT/OT	B, A
Canadian Occupational Performance Measure (COPM)	Child identifies areas of concern regarding perception of self-care, productivity, and leisure occupations	20-40 minutes	8-adult	Interview or self-report	A, P
The Carolina Curriculum for Preschoolers with Special Needs (CCPSN)	Criterion-referenced test of cognitive, communication, social adaptations, FM and GM skills	1-2 hours	2-5 years	Team	A, P
Children's Assessment of Participation and Enjoyment (CAPE) and Preference for Activity of Children (PAC)	Measures of 5 dimensions of participation. Formal and informal activities, recreational, physical, social, skill-based and self-improvement act	CAPE: 30-45 minutes PAC: 15-20 minutes	6-21 years	Administered either by having the client complete the record form with assistance from the parent or caregiver or by using the activity and category cards	P
Gross Motor Function Measure (GMFM)	Criterion-referenced test of GM function in the dimensions of lying and rolling; sitting; crawling and kneeling; standing; walking, running and jumping	45-60 minutes	5 months-16 years	PT	A

Hawaii Early Learning Profile (HELP 3-6)	Criterion-referenced assessment of regulatory/sensory organization, language, cognitive, GM, FM social-emotional, self-help	Not intended to be completed in 1 assessment session	3-6 years	Team	P, A
Merrill Palmer Scale (2003)	Norm-referenced measure of cognitive, language, GM, FM, self-help/adaptive, social-emotional	40-50 minutes for the Cognitive Battery	1-78 months	Team	A, P
MOVE Curriculum	Top-down, activity-based curriculum designed to teach students basic functional motor skills of sitting, standing, and walking, needed for life within home and community environments	Varies	All Age groups	Team	A
Movement Assessment Battery for Children (MOVEMENT ABC-2), 2nd Edition	Norm-referenced test of manual dexterity, ball skills, static/dynamic balance, daily routine activities. Considers context of performance and behavioral attributes	20-40 minutes	3-16 years	PT	B, A, P
Miller Assessment of Preschoolers (MAP)	Norm-referenced test of sensory and motor function, coordination, verbal and nonverbal cognitive skills, and complex tasks	30-40 minutes	2 years/9 months-5 years/8 months	Team	B, A
Peabody Development Motor Scales, 2nd ed. (PDMS-2)	Norm-referenced assessment of GM, FM, divided into 6 subtests: reflexes; stationary; locomotion; object manipulation; grasp; and visual-motor integration	45-60 minutes	1-72 months	PT/OT	A
Pediatric Balance Scale	Assesses balance in functional activities: sit to stand; transfers; sit/stand unsupported, stand, eyes closed; SLB; turning; object retrieval, etc	~20 minutes	5-15 years	PT	B, A, P

Pediatric Evaluation of Disability Inventory (PEDI)	Norm-referenced assessment based on parent interview to determine self-care; mobility; social function; need for modifications and assistance	45-60 minutes	6 months-7.5 years	PT/OT	A, P
Pediatric Quality of Life Inventory (PedsQL)	Measures physical, emotional, social, school functioning, and global health	4 minutes	2-18 years	Self-report or interview	A, P
Pediatric Reach Test	Measures balance and postural control in sitting and standing through forward-reaching and side-reaching	~15 min	2.5-14 years	PT	A
Scales of Independent Behavior-Revised (SIB-R)	Norm-referenced test using interviews to determine motor skills; social interaction; communication skills; personal living skills; and problem behaviors	45-60 minutes for full scale; 15-20 minutes for short form. Structured interview or checklist	3 months-adult	Team	A, P
School Function Assessment (SFA)	Criterion-referenced, standardized, judgment-based interview to determine student's participation in all aspects of school and required tasks supports	5-10 minutes/scale	Kindergarten-6th grade	Team	A, P
Sensory Profile	Questionnaire to determine basic sensory processing in daily life; sensory modulation; behavioral and emotional responses	Untimed	3-10 years	Interview	B, P
Six Minute Walk Test	Norm-referenced test measuring functional exercise capacity	~ 5 minutes	4-11 years	PT	A
Test of Gross Motor Development 2nd ed (TGMD2)	Norm-referenced test of 12 GM skills involving locomotion and object control	15-20 min	3-10 yrs.	PT	A
Thirty Second Walk Test	Norm-referenced test measuring the number of feet walked in 30 seconds	> 5 minutes	5-17 years	PT	A
Timed Floor to Stand	Norm-referenced test measuring the time it takes to stand from the floor	> 5 minutes	5-21 years	PT	A

Timed Up and Down Stairs (TUDS)	Measure of functional mobility and postural control	5 minutes	8-14 years	PT	A
Timed Up Go (TUG)	Measure of functional ambulation, mobility, and dynamic balance	5 minutes	3 years-adult	PT	A
Transdisciplinary Play-Based Assessment 2nd ed (TPBA2)	Criterion-referenced assessment of observations of the child at play: cognitive; social/emotional; communication and language; sensorimotor development	60-90 minutes	6 months-6 years	Team	A, P
Vineland Adaptive Behavior Scales, 2nd ed (Vineland-II)	Semi-structured interview of parent/caregiver to measure adaptive behavior in communication; daily living skills; socialization; motor skills; and maladaptive behavior index	20-60 minutes	Birth-90 years	Interview of parent/caregiver	A, P
Vulpe Assessment Battery-Revised (VAB-R)	Criterion-referenced assessment of children with significant delay or dysfunction: gross motor skills; adaptive behavior; cognitive skills; activities of daily living; expressive/receptive language; fine motor skills; and assessment of the environment.	Varies	Birth-6 years	Team	B, A, P
Wong-Baker Faces Scale	Child indicates 1 of 6 faces from very happy, no pain, to hurt as much as you can imagine	Minutes	3 years plus	PT	B

<sup>a</sup>ICF-CY: A = activities, B = body structure and function, P = participation).

Abbreviations: ICF-CY, International Classification of Functioning, Disability and Health, Children and Youth; FM, fine motor; GM, gross motor; PT, physical therapist; OT, occupational therapist.