

1. School personnel.
 - a. School psychologist.
 - b. Speech pathologist(s).
 - c. School social worker.
 - d. Principal.
 - e. Teacher(s).
 - f. School nurse.
 - g. Director.
 - h. Physical therapist.
 - i. Occupational therapist.
 2. Consultants—nonpublic school personnel.
 - a. Orthopedist, physiatrist or pediatrician.
 - b. Physical therapist.
 - c. Occupational therapist.
 - d. Public health nurse.
- (b) Treatment plan considerations for the M-team.
1. Medical diagnosis.
 2. Medical recommendations—prognosis.
 3. Child's age.
 4. Local/regional resources.
 - a. School—physical facilities and personnel.
 - b. Community—hospital, clinics, 51.42/51.437 day care services, individual practitioners, e.g., physicians, physical therapists, occupational therapists.
- (4) ADMINISTRATION/SUPERVISION. The director or the program designee shall be administratively responsible for the development and implementation of the program or services or both.
- (5) DIVISION RESPONSIBILITIES. (a) The division shall provide consultative assistance to LEAs in the development of the physical therapy and occupational therapy service plan.
- (b) The division shall formally approve the LEA's plan of services.
- (c) The supervisory and consultative services shall be the joint responsibility of the bureau for exceptional children and the bureau for crippled children within the division.
- (d) The LEA shall receive 70% reimbursement for the salaries and fringe benefits of qualified personnel, transportation of children and youth and specially approved therapy materials and equipment.

Note: A maximum of \$1,000 per new physical therapy/occupational therapy unit for non-fixed equipment shall be allowed. Any exceptions to this limitation shall be negotiated in advance with the division program area supervisor.

(6) SERVICE CONSIDERATIONS. (a) Any child who has been determined by the M-team to have EEN shall be eligible to receive physical therapy or occupational therapy or both services upon medical recommendation as stipulated in s. PI 11.37 (2) (e) 7. Any child who has a congenital or acquired disease or condition of such severity that achievement of normal growth and development may be hindered shall be eligible to receive physical therapy or occupational therapy or both services upon medical recommendation as stipulated in s. PI 11.37 (2) (e) 7.

(b) The physical facilities shall be commensurate with the role and function service to be performed. Each district shall identify the facilities wherein the treatment is to take place. The industrial commission codes shall be adhered to regarding the physical space required to perform the activities. The facilities shall be determined to be appropriate for the delivery of health treatment services. This determination shall be made by the department.

(7) PHYSICAL THERAPISTS' QUALIFICATIONS AND PROGRAMMING. (a) *Licensure*. A physical therapist shall be a graduate of an accredited school.

(b) *Programming*. 1. The type of disability and requirements for physical therapy shall be considered in determining the therapist caseload. Twelve children shall be a minimal daily caseload for a full-time physical therapist. Pro-rata reimbursement of part-time personnel is permissible.

2. The physical therapist shall be an M-team member if the child is being evaluated for possible physical therapy supportive services.

3. A large number of children with neurological dysfunction are served in special education classes. Therefore, it is strongly recommended that therapists working in such programs need specific training and experience in neurodevelopmental techniques.

4. The physical therapist shall have adequate medical information and medical prescription from a licensed physician on the appropriate division form before a child is enrolled in the program. There shall be a reciprocal exchange of medical and social information between the division and local professional personnel who are concerned with the child's school placement and total health needs. The district shall obtain an updated medical prescription and information yearly or more often if there is a change in the child's physical condition, e.g., surgery, casting, etc.

5. Each child receiving treatment shall have a complete and current treatment record. In order to have a descriptive profile of the child, an initial assessment of the physical condition shall be made by the physical therapist soon after enrollment into a program or at the beginning of treatment. This information, including established treatment goals, shall be incorporated into the child's permanent behavioral record. Instructions given to the parent for a home program shall also be recorded.

(8) OCCUPATIONAL THERAPISTS' QUALIFICATIONS AND PROGRAMMING. (a) *Licensure*. The occupational therapist shall be currently registered with the American occupational therapy association.

(b) *Programming*. 1. The type of disability and requirements for occupational therapy shall be considered in determining the therapist
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caseload. Twelve children shall be a minimal daily caseload for a full-time occupational therapist. Pro-rata reimbursement of part-time personnel is permissible.

2. The occupational therapist shall be an M-team member if the child is being evaluated for possible occupational therapy supportive services. In addition to providing a treatment program for the child, the occupational therapist may work in conjunction with the physical therapy and educational personnel in the school setting to provide an overall developmental program. The occupational therapist shall have adequate medical information and medical prescription from a licensed physician on the appropriate division form before a child is enrolled in the program. The prescription shall be renewed annually.

3. A large number of children with neurological dysfunction are served in special education classes. Therefore, it is strongly recommended that therapists working in such programs need specific training and experience in neurodevelopmental techniques.

4. There shall be a reciprocal exchange of medical and social information between the division and local professional personnel concerned with the child's school placement and total health needs. The district shall obtain an updated medical prescription and information yearly or more often if there is a change in the child's physical condition. Section PI 11.37 (2) (e) 7 requires medical prescriptions to substantiate any health treatment service pursuant to subch. V, ch. 115, Stats.

5. Each child receiving treatment shall have a complete and current record. An initial assessment of the child's abilities and the identification of treatment goals shall be completed after enrollment or prior to the beginning of treatment. Instruction given to parents for a home program shall also be recorded. This information shall be included in the child's permanent behavioral record.

(9) REEVALUATIONS. (a) Physical therapy. A yearly reevaluation of the child shall be made. Such reevaluations shall include:

1. General physical condition — general behavior.
2. Physical development pattern — head control, independent sitting, use of extremities.
3. Functional self-care — independent feeding, able to hold pencil, dressing — independent, assisted, to what extent, toilet trained — assistance needed.
4. Effective speech — how are wants made known, response to verbal directions.
5. Ambulation — crutches, canes, special equipment, wheelchair.
6. Progress toward independence — measure of independent skill the child has achieved since the previous evaluation, as well as changes in behavior.

(b) The yearly reevaluation shall be incorporated into the child's permanent behavioral record and shared with the physician and the division.

(c) Occupational therapy. A yearly reevaluation of the child shall be made. Such reevaluation shall include:

1. General physical condition — general behavior.
2. Physical development pattern — head control, independent sitting, use of arms and hands.
3. Functional self-care — eating, dressing, toileting, transfers, school-related skills and homemaking.
4. Effective communication — ability to understand directions and ability to make needs known.
5. Progress toward independence in self-care — communication and hand skills.

(d) The yearly reevaluation shall be incorporated into the child's permanent behavioral record and shared with the physician and the division.

(10) TREATMENT EQUIPMENT AND MATERIALS. (a) Proposed expenditures for treatment equipment and materials shall require advance approval of the division. Examples of equipment considerations may include:

1. Treatment tables.
2. Adjustable parallel bars.
3. Standing table.
4. Wheelchair.

(b) Material considerations may include:

1. Paper sheets.
2. Turkish towels.
3. Disposable diapers.
4. Cleansing agents.

(11) STUDENT SPECIAL TRANSPORTATION. Educational and medical treatment program. Sections 121.54 (3) and 115.88 (2), Stats., specify the responsibility of the LEA to provide transportation for children with EEN and the means for financial reimbursement, concerning attendance in either regular school or special school programs. A district may elect to enroll qualified youngsters in the regular school program which houses the medical treatment unit so as to enhance the availability of such service.

History: Cr. Register, December, 1975, No. 240, eff. 1-1-76; am. (7) (b) 1 and (8) (b) 1, Register, February, 1976, No. 242, eff. 3-1-76; am. (7) (b) 4 and (8) (b) 2, Register, November, 1976, No. 251, eff. 12-1-76; am. (1) and (8) (b) 4., Register, February, 1983, No. 326, eff. 3-1-83; r. (11) (b) and (c), renum. (11) (a) to be (11), Register, September, 1986, No. 369, eff. 10-1-86; renum. from PI 11.19, Register, May, 1990, No. 413, eff. 6-1-90.

PI 11.25 Diagnostic teacher. (1) POLICY. To assist LEAs, the division shall, under certain circumstances, approve the employment of a diagnostic teacher. Utilization of a diagnostic teacher shall be contingent upon prior employment or contract with a director in the LEA operating Register, May, 1990, No. 413