



Occupational/Physical Therapist Observation Rubric  
School District of Philadelphia SY 2016-2017

<b>Domain 1: Planning and Preparation</b>				
<b>Component</b>	<b>0 Failing</b>	<b>1 Needs Improvement</b>	<b>2 Proficient</b>	<b>3 Distinguished</b>
<b>1a: Demonstrating Knowledge of Content and Pedagogy/ Demonstrating Skill Relative to Area of Expertise</b>	Therapist makes treatment errors due to limited knowledge of content, skills, and strategies.	Therapist has some knowledge of content, skills, and strategies and applies knowledge inconsistently to practice.	Therapist has adequate knowledge of content, skills, and evidence-based strategies and applies knowledge consistently to practice and within a context of interdisciplinary collaboration and problem-solving.	Therapist has extensive knowledge of content, skills, and evidence-based strategies and applies knowledge consistently to practice and within a context of interdisciplinary collaboration and problem-solving.
<i>Evidence/Examples</i>	<i>Therapist does not know how to improve, develop, or restore functions impaired or lost for a student who was recently in a severe car injury.</i>  <i>Therapist is unable to provide educators and parents with strategies to restore the functions of walking and eating.</i>	<i>Therapist has some knowledge regarding how to improve, develop, or restore functions impaired or lost for a student who was recently in a severe car injury.</i>  <i>Therapist is able to provide educators and parents with a few strategies to restore the functions of walking and eating.</i>	<i>Therapist discusses how to improve, develop, or restore functions impaired or lost for a student who was recently in a severe car injury.</i>  <i>Therapist is able to provide educators and parents with strategies to restore the functions of walking and eating.</i>	<i>Therapist works with a team of stakeholders to improve, develop, or restore functions impaired or lost for a student who was recently in a severe car injury.</i>  <i>Therapist is able to provide a team with highly effective strategies for restoring the functions of walking and eating.</i>

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<b>1b: Demonstrating Knowledge of Students/Demonstrating Knowledge of Child Development and Individual Needs</b>	Therapist does not understand child development and theory. Therapist is not aware of the individual's interests, background, and/or strengths/needs.	Therapist has some understanding of child development/theory and the individual's needs, strengths, interests, and culture. This knowledge is incorporated within service delivery and treatment planning inconsistently.	Therapist has adequate understanding of child development/theory and the individual's needs, strengths, interests, and culture. This knowledge is incorporated within service delivery and treatment planning on a consistent basis.	Therapist has extensive understanding of child development/theory and the individual's needs, strengths, interests, and culture.  This knowledge is incorporated within service delivery and treatment planning on a consistent basis.  Knowledge and progress-monitoring is used to evaluate student response to treatment, educate and involve other team members and make changes accordingly.



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Evidence/Examples	<p>In response to learning that a child had an interest in playing basketball, the therapist did not use this interest and related skills to motivate a student with poorly developed fine and gross motor skills.</p> <p>The therapist did not use an interpreter to help a family that did not speak English gather critical information about their child's developmental needs.</p>	<p>In response to learning that a child had an interest in playing basketball, the therapist used this interest to build rapport with the student.</p> <p>The therapist worked with an interpreter to help a family that did not speak English gather some information about a child's developmental needs but did not apply this information to the treatment plan.</p>	<p>In response to learning that a child had an interest in playing basketball, the therapist used this interest and related skills to motivate a student with poorly developed fine and gross motor skills.</p> <p>The therapist worked with an interpreter to help a family that did not speak English gather critical information about their child's developmental needs.</p>	<p>The therapist and student worked together to develop an appropriate treatment plan that aligned with the student's interest in becoming a basketball player.</p> <p>The therapist worked with an interpreter to help a family that did not speak English gather critical information and conjointly develop strategies to help their child develop fine motor skills at home.</p>

**Domain 2: The Environment**

<b>Component</b>	<b>0 Failing</b>	<b>1 Needs Improvement</b>	<b>2 Proficient</b>	<b>3 Distinguished</b>
<b>2a: Creating an Environment of Respect and Rapport</b>	<p>The therapist does not create an environment that is characterized by respect and rapport. Interactions are negative, inappropriate and/or lack sensitivity to developmental, cultural, and other related variables.</p>	<p>The therapist usually creates an environment that is characterized by respect and rapport.</p> <p>Communication is mostly positive, supportive, and respectful. Sensitivity to developmental, cultural, and other related variables is demonstrated.</p>	<p>The therapist consistently creates an environment that is characterized by respect and rapport. Communication is positive, supportive, and respectful. Sensitivity to developmental, cultural, and other related variables is consistently demonstrated.</p>	<p>The therapist creates an exceptionally respectful and warm environment. Rapport is easily established and maintained with students, families and other educators.</p> <p>Therapist is viewed as a model for sustaining an environment that facilitates exceptional growth and improvement.</p>
Evidence/Examples	<p><i>Therapist does not use active listening skills with a student who is frustrated because they keep falling.</i></p> <p><i>Therapist does not consult with teacher about how to assist a student with significant fine-motor difficulties and her fear of writing.</i></p>	<p><i>Therapist uses some active listening skills with a student who is frustrated because they keep falling. The student shows minimal response.</i></p> <p><i>Therapist consults with teacher about how to assist a student with significant fine-motor difficulties and her fear of writing and the teacher shows minimal receptivity.</i></p>	<p><i>Therapist is observed modeling active listening with a student who is frustrated because they keep falling.</i></p> <p><i>Therapist consults with teacher about how to assist a student with significant fine-motor difficulties and her fear of writing.</i></p>	<p><i>Therapist is observed modeling active listening with a student who is frustrated because they keep falling. The student confides in the therapist and they discuss coping strategies.</i></p> <p><i>Therapist consults with team about how to apply effective strategies to assist students with significant fine-motor difficulties.</i></p>



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<b>2b: Establishing a Culture for Learning/Establishing a Culture for Goal Achievement</b>	Therapist does not communicate high albeit realistic expectations for goal achievement. There is little to no student engagement in goal setting and achievement, constructive feedback, positive reinforcement for effort, and/or reporting of incremental progress.	Therapist usually communicates high albeit realistic expectations for goal achievement. There is inconsistent student engagement in goal setting and achievement, constructive feedback, positive reinforcement for effort, and/or reporting of incremental progress.	Therapist consistently communicates high albeit realistic expectations for goal achievement. There is meaningful student engagement in goal setting and achievement and consistent provision of constructive feedback, positive reinforcement for effort, and/or reporting of incremental progress.	Therapist effectively communicates high albeit realistic expectations for goal achievement. There is meaningful student engagement in goal setting and achievement and consistent provision of constructive feedback, positive reinforcement for effort, and/or reporting of incremental progress.  Therapist engages stakeholders in evaluating behaviors that help to establish and sustain a culture for goal achievement. Individual and collective contributions are identified and maintained on an ongoing basis through review of client feedback and service delivery outcomes.
<i>Evidence/Examples</i>	<p><i>Therapist does not use voice or body language to convey enthusiasm toward a student who is working on balancing strategies and is experiencing success.</i></p> <p><i>Therapist does not share the learning goal which is for the student to dress himself (pull up pants, put on shoes, put on/take off coat) at appropriate times throughout the school day with adult assistance and then independently.</i></p>	<p><i>Therapist attempts to use voice and body language to convey enthusiasm toward a student who is working on balancing strategies.</i></p> <p><i>Therapist shares the learning goal which is for the student to dress himself but does not break that down for the student.</i></p>	<p><i>Therapist engages a student in goal setting and progress-monitoring. Therapist reviews progress with the student every three weeks and reinforces growth toward the goal.</i></p> <p><i>Therapist is assertive but supportive with a student who is exerting limited effort during weekly sessions. Therapist works with student's family to discuss the concern, goal, and foster participation in the development of a home-school plan.</i></p>	<p><i>Therapist and student engage in goal setting and progress-monitoring. Student reviews his progress with the therapist every three weeks and chooses a new goal.</i></p> <p><i>Student exerts substantial effort during weekly sessions. Therapist and family and student understand and can articulate the importance of the therapy goal.</i></p>



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<b>Domain 3: Service Delivery</b>				
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<b>3a: Communicating with Students</b>	Communication with children is unclear, developmentally inappropriate, and/or results in confusion, frustration and mistrust.	Communication with children is usually clear, developmentally appropriate, and/or results in trust and rapport.	Communication with children is clear, developmentally appropriate, and/or results in trust and rapport.  Effective communication patterns serve to enhance the overall quality of services that are provided.	Communication with children is exceptionally clear, developmentally appropriate, and/or results in trust and rapport.  Exceptional communication skills with children and other stakeholders serve to enhance the overall quality of services that are provided.  Communication skills are continually evaluated in order to make adjustments that will improve the quality of the relationship and intended outcomes.
<b>Evidence/Examples</b>	<i>Therapist says to Kindergarten student “We are going to work on your performance in the area of upper body dressing, so that you become independent in unsupported sitting within 6 months.”</i>	<i>Therapist says to Kindergarten student “We are going to work on your dressing skills, so that you can put your sweatshirt on by yourself in unsupported sitting within 6 months.”</i>	<i>Therapist tells student “We are going to work together to help you learn how to pull-over your shirt while you are sitting – the goal is to do this with as little adult help as possible.”</i>	<i>Therapist and student agree that the next goal is for the child to learn to pull over his shirt while in a sitting position.  The therapist and student came up with a goal of trying to do this within 3 minutes with an appropriate reward for effort and improvement in dressing skills.</i>



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<b>3c: Engaging Students in Learning/Engaging Children in Goal Achievement</b>	<p>Therapist's activities and assignments are inappropriate to the service delivery outcomes.</p> <p>Therapist's grouping of children is inappropriate to the service delivery outcomes.</p> <p>Therapist's materials and resources are inappropriate to the children's cultures or levels of understanding, resulting in little engagement.</p> <p>Therapist's service delivery has no structure or is poorly paced.</p>	<p>Occasionally, therapist's activities and assignments are appropriate to the service delivery outcomes.</p> <p>Occasionally, therapist's grouping of children is appropriate to the service delivery outcomes.</p> <p>Occasionally, therapist's materials and resources are appropriate to the children's cultures or levels of understanding, resulting in moderate engagement.</p> <p>Therapist's service delivery occasionally has a recognizable structure but is not fully maintained.</p>	<p>Therapist's activities and assignments are fully appropriate to the service delivery outcomes.</p> <p>Therapist's grouping of children is fully appropriate to the service delivery outcomes.</p> <p>Therapist's materials and resources are fully appropriate to the children's cultures or levels of understanding, resulting in high level of engagement.</p> <p>Therapist's service delivery's structure is coherent, with appropriate pace.</p>	<p>Therapist's activities and assignments are fully appropriate to the service delivery outcomes.</p> <p>Therapist's grouping of children is fully appropriate to the service delivery outcomes.</p> <p>Therapist's materials and resources are fully appropriate to the children's cultures or levels of understanding.</p> <p>Children are highly engaged throughout the service delivery in significant goal achievement.</p> <p>Therapist's service delivery's structure is coherent, with appropriate pace and is adapted as needed to the needs of individuals.</p>
<i>Evidence/Examples</i>	<p><i>The student is not motivated to advance from following a 1 step verbal direction to a 3 step verbal direction.</i></p> <p><i>The therapist does not underscore the importance of the student's ability to follow a 2 step written direction.</i></p>	<p><i>The therapist attempts to motivate the student to follow more complex directions but does not know the student well enough to identify meaningful sources of reinforcement.</i></p> <p><i>The therapist attempts to underscore the importance of the student's ability to follow a 2 step written direction but does not involve the student and just lectures about the importance.</i></p>	<p><i>The therapist attempts to motivate the student to follow more complex directions and they select accommodations and strategies that will be helpful.</i></p> <p><i>The therapist and student discuss the importance of the student's ability to follow a 2 step written direction and the therapist incorporates resources that are helpful.</i></p>	<p><i>The student is motivated to follow more complex directions and independently identifies strategies they think will work for them.</i></p> <p><i>A student reviews a number of effective resources that will help his ability to follow 2 step written directions and chooses the one that he feels will be best for him.</i></p>



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<b>3e: Demonstrating Flexibility and Responsiveness</b>	<p>Therapist adheres to the service delivery plan, even when a change would improve the service delivery.</p> <p>Therapist does not utilize child information-gathering techniques when children experience difficulty.</p> <p>Therapist blames the children or their home environment for lack of progress.</p>	<p>Therapist attempts to modify the service delivery when needed and to respond to child information-gathering techniques, with moderate success.</p> <p>Therapist occasionally utilizes child information-gathering techniques when children experience difficulty.</p> <p>Therapist accepts responsibility for child success, but has only a limited repertoire of strategies to draw upon when a change in the program is necessary.</p>	<p>Therapist frequently modifies the service delivery plan when needed and responds to child information-gathering techniques to promote the successful goal achievement of all children.</p> <p>Therapist frequently utilizes child information-gathering techniques when children experience difficulty.</p> <p>Therapist accepts responsibility for child success, accommodating child information-gathering techniques, needs and interests, and has a repertoire of strategies to draw upon when a change to the program is necessary.</p>	<p>Therapist seizes an opportunity to enhance goal achievement, modifying the service delivery plan when needed and responding to child information-gathering techniques to promote the successful goal achievement of all children.</p>
<i>Evidence/Examples</i>	<i>The therapist refuses to account for contribution to the progress of students with Autism through measures or data that evaluate activity access, engagement, participation, and ultimately student achievement within the general curriculum.</i>	<i>The therapist can account to some degree for their contribution to the progress of students with Autism through measures or data that evaluate activity access, engagement, participation, and ultimately student achievement within the general curriculum.</i>	<i>The therapist can adequately account for their contribution to the progress of students with Autism through measures or data that evaluate activity access, engagement, participation, and ultimately student achievement within the general curriculum.</i>	<p><i>The therapist can provide a comprehensive account of their contribution to the progress of students with Autism through measures or data that evaluate activity access, engagement, participation, and ultimately student achievement within the general curriculum.</i></p> <p><i>Contributions and effective strategies are shared with other stakeholders.</i></p>



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<b>Domain 4: Professional Development/Professional Responsibilities</b>				
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<b>4a: Reflecting on Teaching/Reflecting on Practice</b>	<p>Therapist's reflection does not accurately assess the service delivery's effectiveness.</p> <p>Therapist's reflection does not accurately reflect the degree to which outcomes were met.</p> <p>Therapist's reflection does not make any suggestions for how service delivery could be improved.</p>	<p>Therapist's reflection is a generally accurate impression of service delivery's effectiveness.</p> <p>Therapist's reflection is a generally accurate impression of the degree to which outcomes were met.</p> <p>Therapist's reflection makes general suggestions about how service delivery could be improved.</p>	<p>Therapist's reflection accurately assesses the service delivery's effectiveness.</p> <p>Therapist's reflection accurately assesses the degree to which outcomes were met.</p> <p>Therapist's reflection can accurately cite evidence to support the judgment and make specific suggestions for service delivery improvement.</p>	<p>Therapist's reflection accurately and thoughtfully assesses the service delivery's effectiveness.</p> <p>Therapist's reflection accurately and thoughtfully assesses the degree to which outcomes were met.</p> <p>Therapist's reflection accurately and thoughtfully cites specific examples and offers specific alternative actions drawing on an extensive repertoire of skills.</p>
<i>Evidence/Examples</i>	<p><i>Therapist has no suggestions for how to help a student with ambulatory issues.</i></p> <p><i>Therapist has no suggestions for how to help a student with fine motor issues.</i></p>	<p><i>Therapist has a few suggestions for how to help a student with ambulatory issues but they may or may not be evidenced-based.</i></p> <p><i>Therapist has a few suggestions for how to help a student with fine motor issues but they may or may not be evidenced-based.</i></p>	<p><i>Therapist has adequate number of recommendations for helping a student with ambulatory issues based upon the most current peer-reviewed research.</i></p> <p><i>Therapist has adequate number of recommendations for helping a student with fine motor issues based upon the most current peer-reviewed research</i></p>	<p><i>Therapist has adequate number of recommendations for helping a student with ambulatory issues based upon the most current peer-reviewed research.</i></p> <p><i>Strategies are implemented with integrity and student response is monitored.</i></p> <p><i>Therapist has adequate number of recommendations for helping a student with fine motor issues based upon the most current peer-reviewed research.</i></p> <p><i>Strategies are implemented with integrity and student response is monitored.</i></p>



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<b>4b: Maintaining Accurate Records</b>	<p>Therapist's data collection on child's service delivery is absent or in disarray.</p> <p>Therapist's data collection on progress monitoring of child's service delivery is absent or in disarray.</p> <p>Therapist's data collection on non-service delivery for child is absent or in disarray.</p>	<p>Therapist's data collection on child's service delivery is rudimentary, and/or requires frequent monitoring for accuracy and timeliness.</p> <p>Therapist's data collection on progress monitoring of child's service delivery is rudimentary, and/or requires frequent monitoring for accuracy and timeliness.</p> <p>Therapist's data collection on non-service delivery for child is rudimentary, and/or requires frequent monitoring for accuracy and timeliness.</p>	<p>Therapist's data collection on child's service delivery meets established time lines and demonstrates complete and accurate data collection.</p> <p>Therapist's data collection on progress monitoring of child's service delivery meets established time lines and demonstrates complete and accurate data collection.</p> <p>Therapist's data collection on non-service delivery for child meets established time lines and demonstrates complete and accurate data collection.</p>	<p>Therapist's data collection on child's service delivery meets established timelines, demonstrates complete and accurate data collection, and makes revisions to service delivery in response to data collection.</p> <p>Therapist's data collection on progress monitoring of child's service delivery meets established timelines, demonstrates complete and accurate data collection, and makes revisions to service delivery in response to progress monitoring.</p> <p>Therapist's data collection on non-service delivery for child meets established timelines, demonstrates complete and accurate data collection, and makes revisions to non-service delivery activities in response to data collection.</p>
<b>Evidence/Examples</b>	<p><i>Therapist is unable to provide evidence of systematic documentation of a student's OT or PT intervention plan, Implementation and student performance data.</i></p>	<p><i>Therapist is able to provide some evidence of systematic documentation of a student's OT or PT intervention plan, implementation and student performance data.</i></p>	<p><i>Therapist is able to provide adequate evidence of systematic documentation of a student's OT or PT intervention plan, implementation and student performance data.</i></p>	<p><i>Therapist is able to fully work with the team to make well-informed decisions about continuation, discontinuation, or modification of OT or PT services based upon systematic data collection and progress monitoring efforts.</i></p>



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<b>4c: Communicating with Families</b>	<p>Therapist provides little/no information to child and family members about the service delivery program.</p> <p>Therapist provides little/no information to child and family members about individual child progress.</p> <p>Therapist's communication with child and/or family members is insensitive or inappropriate to the culture of the team members.</p> <p>Therapist makes no attempt to engage child and family members in the service delivery program.</p>	<p>Therapist provides occasional information to child and family members about the service delivery program.</p> <p>Therapist provides occasional information to child and family members about individual child progress.</p> <p>Therapist's communication with child and/or team members is occasionally insensitive or inappropriate to the culture of the family members.</p> <p>Therapist is partially successful in attempts to engage child and team members in the service delivery program.</p>	<p>Therapist provides frequent and culturally- appropriate information to child and family members about the service delivery program.</p> <p>Therapist provides frequent and culturally- appropriate information to child and family members about individual child progress.</p> <p>Therapist's communication with child and/or family members is frequent and culturally appropriate to the culture of the team members, addressing team members concerns.</p> <p>Therapist makes frequent, successful efforts to engage child and team members in the service delivery program.</p>	<p>Therapist provides frequent and culturally- appropriate information to child and family members about the service delivery program.</p> <p>Therapist provides frequent and culturally- appropriate information to child and team members about individual child's progress.</p> <p>Therapist's communication with child and/or team members is frequent and culturally- appropriate to the culture of the team members, addressing team members concerns and eliciting child input.</p> <p>Therapist makes frequent and successful efforts to engage child and family members in the service delivery program to enhance the child's goal achievement.</p>
<i>Evidence/Examples</i>	<p><i>Therapist does not meet with family of a student with complex support needs to provide updates about the student's progress with feeding.</i></p> <p><i>Therapist does not meet with family of a student with complex support needs to provide updates about the student's progress with standing program</i></p>	<p><i>Therapist does meet with family of a student with complex support needs to provide updates about the student's progress with feeding during scheduled meetings.</i></p> <p><i>Therapist does meet with family of a student with complex support needs to provide updates about the student's progress with standing program during scheduled meetings.</i></p>	<p><i>Therapist meets with family of a student with complex support needs to initiate updates and respond to questions regarding the student's progress with feeding.</i></p> <p><i>Therapist meets with family of a student with complex support needs to initiate updates and respond to questions regarding the student's progress with standing program.</i></p>	<p><i>Therapist meets with family of a student with complex support needs to initiate updates and respond to questions regarding the student's progress with feeding. Therapist also sends strategies to family to use in the home.</i></p> <p><i>Therapist meets with family of a student with complex support needs to initiate updates and respond to questions regarding the student's progress with standing program.</i></p> <p><i>Therapist also sends strategies to family to use in the home.</i></p>