

Nutley Framework for Professional Practice for Occupational and Physical Therapists

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Domain 1: Planning and Preparation	BASIC	EMERGING	PROFICIENT	DISTINGUISHED
<p>1a: Demonstrating knowledge and skill in the specialist therapy; holds relevant certificate or license</p>	<p>Therapist demonstrates little or no knowledge and skill in the therapy area; does not hold the necessary certificate or license.</p>	<p>Therapist demonstrates basic knowledge and skill in the therapy area; holds the necessary certificate or license.</p>	<p>Therapist demonstrates thorough knowledge and skill in the therapy area; holds the necessary certificate or license.</p>	<p>Therapist demonstrates extensive knowledge and skill in the therapy area; holds an advanced certificate or license.</p>
<p>1b: Establishing goals for the therapy program appropriate to the setting and the students served</p>	<p>Therapist has no clear goals for the therapy program, or they are inappropriate to either the situation or the age of the students.</p>	<p>Therapist has no clear goals for the therapy program, or they are inappropriate to either the situation or the age of the students.</p>	<p>Therapist's goals for the therapy program are clear and appropriate to the situation in the school and to the age of the students</p>	<p>Therapist's goals for the therapy program are clear and appropriate to the situation in the school and to the age of the students</p>
<p>1c: Demonstrating knowledge of district, state and federal regulations and guidelines</p>	<p>Therapist demonstrates little or no knowledge of special education laws and procedures.</p>	<p>Therapist demonstrates basic knowledge of special education laws and procedures</p>	<p>Therapist demonstrates thorough knowledge of special education laws and procedures</p>	<p>Therapist's knowledge of special education laws and procedures is extensive; specialist takes a leadership role in reviewing and revising district policies</p>

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<p>1d: Demonstrating knowledge of resources, both within and beyond the school and district</p>	<p>Therapist demonstrates little or no knowledge of resources for students available through the school or district</p>	<p>Therapist demonstrates basic knowledge of resources for students available through the school or district</p>	<p>Therapist demonstrates thorough knowledge of resources for students available through the school or district and some familiarity with resources external to the district.</p>	<p>Therapist demonstrates extensive knowledge of resources for students available through the school or district and in the larger community.</p>
<p>1e: Planning the therapy program, integrated with the regular school program, to meet the needs of individual students</p>	<p>Therapy program consists of a random collection of unrelated activities, lacking coherence or an overall structure.</p>	<p>Therapist’s plan has a guiding principle and includes a number of worthwhile activities, but some of them don’t fit with the broader goals.</p>	<p>Therapist’s plan has a guiding principle and includes a number of worthwhile activities, but some of them don’t fit with the broader goals.</p>	<p>Therapist’s plan is highly coherent and preventive, and serves to support students individually, within the broader educational program</p>

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<b>Domain 2: Environment</b>	<b>BASIC</b>	<b>EMERGING</b>	<b>PROFICIENT</b>	<b>DISTINGUISHED</b>
<p>2a: Establishing rapport with students</p>	<p>Therapist’s interactions with students are negative or inappropriate; students appear uncomfortable in the testing and treatment center</p>	<p>Therapist’s interactions are a mix of positive and negative; the therapist’s efforts at developing rapport are partially successful</p>	<p>Therapist’s interactions with students are positive and respectful; students appear comfortable in the testing and treatment center.</p>	<p>Therapist’s interactions with students are positive and respectful; students appear comfortable in the testing and treatment center.</p>
<p>2b: Organizing time effectively</p>	<p>Therapist exercises poor judgment in setting priorities, resulting in confusion, missed deadlines, and conflicting schedules</p>	<p>Therapist’s time management skills are moderately well developed; essential activities are carried out, but not always in the most efficient manner.</p>	<p>Specialist exercises good judgment in setting priorities, resulting in clear schedules and important work being accomplished in an efficient manner.</p>	<p>Specialist demonstrates excellent time management skills, accomplishing all tasks in a seamless manner; teachers and students understand their schedules</p>
<p>2c: Establishing and maintaining clear procedures for referrals</p>	<p>No procedures for referrals have been established; when teachers want to refer a student for special services, they are not sure how to go about it.</p>	<p>Specialist has established procedures for referrals, but the details are not always clear.</p>	<p>Procedures for referrals and for meetings and consultations with parents and administrators are clear to everyone.</p>	<p>Procedures for all aspects of referral and testing protocols are clear to everyone, and have been developed in consultation with teachers and administrators</p>

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<p>2d: Establishing standards of conduct in the treatment center</p>	<p>No standards of conduct have been established and Therapist disregards or fails to address negative student behavior during evaluation or treatment.</p>	<p>Standards of conduct appear to have been established in the testing and treatment center. Therapist's attempts to monitor and correct student negative behavior during evaluation and treatment are partially successful</p>	<p>Standards of conduct have been established in the testing and treatment center. Therapist monitors student behavior against those standards; response to students is appropriate and respectful.</p>	<p>Standards of conduct have been established in the testing and treatment center. Therapist's monitoring of students is subtle and preventive, and students engage in self-monitoring of behavior.</p>
<p>2e: Organizing physical space for testing of students and providing therapy</p>	<p>The testing and treatment center is disorganized, and poorly suited for working with students. Materials are usually available.</p>	<p>The testing and treatment center is moderately well organized, and moderately well suited for working with students. Materials are difficult to find when needed</p>	<p>The testing and treatment center is well organized; materials are available when needed.</p>	<p>The testing and treatment center is highly organized and is inviting to students. Materials are convenient when needed.</p>

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<b>Domain 3: Delivery of Service</b>	<b>BASIC</b>	<b>EMERGING</b>	<b>PROFICIENT</b>	<b>DISTINGUISHED</b>
3a: Responding to and evaluating student needs	Therapist fails to respond to referrals or makes hasty assessments of student needs.	Therapist responds to referrals when pressed and makes adequate assessments of student needs.	Therapist responds to referrals and makes thorough assessments of student needs.	Therapist is proactive in responding to referrals and makes highly competent assessments of student needs.
3b: Developing and implementing treatment plans to maximize student success	Therapist fails to develop treatment plans suitable for students, or plans are mismatched with the findings of assessments.	Therapist's plans for students are partially suitable for them or sporadically aligned with identified needs.	Therapist's plans for students are suitable for them and are aligned with identified needs.	Therapist develops comprehensive plans for students, finding ways to creatively meet student needs and incorporate many related elements.
3c: Communicating with families	Therapist fails to communicate with families and secure necessary permission for evaluations or communicates in an insensitive manner.	Therapist's communication with families is partially successful; permissions are obtained, but there are occasional insensitivities to cultural and linguistic traditions.	Therapist communicates with families and secures necessary permissions for evaluations, doing so in a manner sensitive to cultural and linguistic traditions.	Therapist secures necessary permissions and communicates with families in a manner highly sensitive to cultural and linguistic traditions. Specialist reaches out to families of students to enhance trust.
3d: Collecting information; writing reports	Therapist neglects to collect important information on which to base treatment plans; reports are inaccurate or not appropriate to the audience.	Therapist collects most of the important information on which to base treatment plans; reports are accurate but lacking in clarity and not always appropriate to the audience.	Therapist collects all the important information on which to base treatment plans; reports are accurate and appropriate to the audience.	Therapist is proactive in collecting important information, interviewing teachers and parents if necessary; reports are accurate and clearly written and are tailored for the audience.

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<p>3e: Demonstrating flexibility and responsiveness</p>	<p>Therapist adheres to the plan or program, in spite of evidence of its inadequacy.</p>	<p>Therapist makes modest changes in the treatment program when confronted with evidence of the need for change.</p>	<p>Therapist makes revisions in the treatment program when they are needed.</p>	<p>Therapist is continually seeking ways to improve the treatment program and makes changes as needed in response to student, parent, or teacher input.</p>
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<b>Domain 4: Professional Responsibilities</b>	<b>BASIC</b>	<b>EMERGING</b>	<b>PROFICIENT</b>	<b>DISTINGUISHED</b>
4a: Reflecting on practice	Therapist does not reflect on practice, or the reflections are inaccurate or self-serving.	Therapist’s reflection on practice is moderately accurate and objective without citing specific examples, and with only global suggestions as to how it might be improved.	Therapist’s reflection provides an accurate and objective description of practice, citing specific positive and negative characteristics. Specialist makes some specific suggestions as to how the therapy program might be improved.	Therapist’s reflection is highly accurate and perceptive, citing specific examples that were not fully successful for at least some students. Specialist draws on an extensive repertoire to suggest alternative strategies.
4b: Collaborating with teachers and administrators	Therapist is not available to staff for questions and planning and declines to provide background material when requested.	Therapist is available to staff for questions and planning and provides background material when requested.	Therapist initiates contact with teachers and administrators to confer regarding individual cases.	Therapist seeks out teachers and administrators to confer regarding cases, soliciting their perspectives on individual students.
4c: Maintaining an effective data-management system	Therapist’s data-management system is either nonexistent or in disarray; it cannot be used to monitor student progress or to adjust treatment when needed.	Therapist has developed a rudimentary data-management system for monitoring student progress and occasionally uses it to adjust treatment when needed.	Therapist has developed an effective data-management system for monitoring student progress and uses it to adjust treatment when needed.	Therapist has developed a highly effective data-management system for monitoring student progress and uses it to adjust treatment when needed. Specialist uses the system to communicate with teachers and parents.
4d: Participating in a professional community	Therapist’s relationships with colleagues are negative or self-serving, and specialist avoids being involved in school and district events and projects.	Therapist’s relationships with colleagues are cordial, and specialist participates in school and district events and projects when specifically asked to do so.	Therapist participates actively in school and district events and projects and maintains positive and productive relationships with colleagues.	Therapist makes a substantial contribution to school and district events and projects and assumes a leadership role with colleagues.

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<p>4e: Engaging in professional development</p>	<p>Therapist does not participate in professional development activities, even when such activities are clearly needed for the development of skills.</p>	<p>Therapist's participation in professional development activities is limited to those that are convenient or are required.</p>	<p>Therapist seeks out opportunities for professional development based on an individual assessment of need.</p>	<p>Therapist actively pursues professional development opportunities and makes a substantial contribution to the profession through such activities as offering workshops to colleagues.</p>
<p>4f: Showing professionalism, including integrity, advocacy, and maintaining confidentiality</p>	<p>Therapist displays dishonesty in interactions with colleagues, students, and the public and violates principles of confidentiality.</p>	<p>Therapist is honest in interactions with colleagues, students, and the public, plays a moderate advocacy role for students, and does not violate norms of confidentiality.</p>	<p>Therapist displays high standards of honesty, integrity, and confidentiality in interactions with colleagues, students, and the public and advocates for students when needed.</p>	<p>Therapist can be counted on to hold the highest standards of honesty, integrity, and confidentiality and to advocate for students, taking a leadership role with colleagues.</p>