

## **IEP Service Delivery Statement Choices**

1. Service times may be impacted secondary to absences, holiday's, and other school related conflicts. Services will be provided as needed to support the IEP on field trips.
2. **OT** will be provided by a licensed Occupational Therapist or COTA, under the supervision of a professional, in an individual or group setting.
3. **PT** will be provided by a licensed Physical Therapist or Physical Therapist Assistant, under the supervision of a professional, in an individual or group setting.
4. **Speech Therapy/Language Therapy** will be provided by a licensed Speech/Language Pathologist or a paraprofessional, under the supervision of the professional, in an individual or group setting.
5. **BI PRO** Emotion/Behavior Intervention may be provided by a professional and/or paraprofessional, under the supervision of a professional, in an individual or group setting based on the needs of the student. Behavior Consultation may be provided by a qualified professional.
6. **BI PARA** Emotion/Behavior Intervention may be provided by a paraprofessional, under the supervision of a professional, in an individual or group setting based on the needs of the student. Behavior Consultation may be provided by a qualified professional.
7. **CBRS** will be provided by a CBRS Professional, under the supervision of a licensed behavior health professional, in an individual or group setting, based upon the needs of the student.
8. **PCS** Personal Care Services will be provided by a professional or paraprofessional, under the supervision of a professional, to increase or maintain independence.
9. **Nurse Health Check** will be provided by an RN monthly or quarterly. (Must specify one or the other)
10. **Skilled Nursing Service** will be provided by an RN or LPN to support the Plan of Care.