Effective Collaboration among the Gross Motor Assessment Team Members

By Kristi S. Menear and Timothy D. Davis

In today's economy, school district administrators and school boards are wrought with difficult decisions when trying to address the needs of students with disabilities (Aud et al., 2010; Samuels, 2011). Fewer teachers, larger class sizes, reduction in services, loss of supplementary aids, and reduction in or loss of equipment budgets only add to the challenge. Strategies that promote collaboration, the creation of aligned services rather than the replication or partial replication of services, and a shared understanding of students' needs and goals facilitate a win-win for students, their caregivers, and the school system (Christie, 2008). This article describes the gross motor assessment team (GMAT) members' roles and collaborative approach to making appropriate decisions and modifications when addressing the needs of individuals with disabilities in physical education.
Roles of Gross Motor Assessment Team Members

The roles of the GMAT members are defined in part by the Individuals with Disabilities Education Act (IDEA, 2004). The IDEA describes physical education as a direct service, meaning each student should be provided the service in his or her least restrictive environment (LRE) using supplementary aids and services as needed to support the student’s individualized education program (IEP). The IDEA describes physical therapy (PT) and occupational therapy (OT) as related services, which means that it must be determined whether or not the student needs the service to benefit from his or her educational services.

Physical therapy and OT must also be implemented in the LRE through an IEP.

Depending on the school system, either the physical educator, adapted physical educator, or another member of the GMAT has the responsibility of referring students for an assessment to determine whether they should receive physical education services through their IEP. While the IDEA does not delineate qualifying criteria for adapted physical education, there are professional eligibility recommendations (see http://www.shapeamerica.org/advocacy/positionstatements/pe/loader.cfm?n= Module=security/getfile&pageid=4599) for how information can be gathered from multiple sources. Therefore, the physical educator should seek this information within his or her school system because the nature of physical education as a direct service requires that an assessment be completed to determine the need for an IEP. If the school system does not provide specially trained adapted physical educators (i.e., teachers who have earned state or national certification in adapted physical education), it is the responsibility of the general physical educator to assess the student’s abilities and needs relative to physical education, engage in formal and informal conversations with other members of the GMAT, participate in IEP discussions, and implement physical education goals in the LRE. Recommended professional resources can be found at shapeamerica.org and ncpied.org.

The IDEA requires that school-based OT and PT are based on qualifying assessments, relate to success in school, and are tied to measurable education-based goals in the student’s IEP. Occupational therapy may relate to self-help skills, functional mobility, and sensory-motor processing. Physical therapy may address aspects of gross motor skills that relate to navigating the school environment and participating in school-day activities. Collaboration across these disciplines and others regarding the selected IEP goals for a child can improve the child’s overall educational experience (Ferguson, Kozleski, & Smith, 2005).

More specific roles of the adapted physical educator, physical therapist, and occupational therapist depend on the service delivery model implemented by the school system. This model may include direct services, consultation services with other members of the GMAT; or a combination of both direct and consultation services (Block, 2007). According to the IDEA, the services should be individualized, relative to the student’s strengths and needs for progress through the physical education curriculum, and should be provided in the student’s LRE. These roles have varying degrees of interaction with other members of the GMAT.

Benefits of Effective Collaboration among GMAT Members

The approach of together everyone achieves more, or teamwork, has been described as a successful approach for adapted physical educators, physical therapists, and occupational therapists working together to develop, implement, and evaluate the motor goals on a student’s IEP (Sayers, Guidry, & Dinsan, 2001). Teamwork fosters ongoing communication among all members of the IEP team and supports the work of individual GMAT members. When all GMAT members discuss a student’s assessments and goals, the conversation about LRE becomes a group conversation rather than an isolated conversation that could result in a replication of services or unnecessary disruptions to the student’s day. For example, Cunniff, Davis, Lieberman, and Lytle (2010) suggested a common form that team members complete independently and then discuss as a group to come to a collective decision regarding placement once eligibility has been determined.

Effective formal and informal team discussions have many additional benefits. They can promote accountability among team members (Barnes & Turner, 2001), allow each team member to learn from the expertise of other team members.
(Silliman-French, Candler, French, & Hamilton, 2007), foster an understanding and appreciation of multidisciplinary contributions (Shapiro & Sayers, 2003), and increase educational outcomes (Cross, Collins, & Boam-Wood, 1996; Demchak, Alden, Bergin, Ting, & Lacey, 1995; Villa, Thousand, Nevin, & Malgeri, 1996). Put simply, “A student with a disability needs a collaborative approach to meet their motor development IEP goals and objectives” (Shapiro & Sayers, 2003, p. 37).

Case Study Examples of GMAT Collaboration

Case study 1: Thomas

Thomas is a six-year-old second grader diagnosed with sensory processing disorder and autism spectrum disorder. He is challenged by sensory input of which most of people do not have a conscious awareness and do not actively mediate. He is often impulsive and disruptive, and he struggles in social situations. All of his IEP team members have to understand that his immediate behaviors are a cumulative result of the sensory input and sensory regulation challenges he experiences throughout the day. The following is an excerpt of what he experienced one morning before school and prior to physical education as his first class of the day.

Thomas could still taste the bitter orange juice his mom made him try for breakfast. He hated the texture of the but and gloved he was wearing, but he knew he could not go out for recess later in the day if he did not have them. The tag on his new shirt felt as if it was digging into his neck. His backpack weighed almost as much as he did. He anticipated that the school bus ride would be noisy, there would be a lot of people moving around on the bus, and the driver’s perfume would make him hold his breath. When Thomas got on the bus, he found his way to an open windows seat, dove in, and pressed his face against the cold glass while throwing off his hat, gloves, and backpack into the aisle and seat next to him. By the time Thomas arrived to school, the noise from the bus radio, the noxious fumes on the bus, and the barrage of kids laughing, yelling, and screeching had become too much. He fought his way to the bus exit door while kicking and shoving other children. He ran down the school building halfway to his classroom, where his teacher was preparing to escort the class to physical education.

Thomas’s GMAT members met to discuss their observations of Thomas and develop strategies that would ensure his success in physical education. Knowing the purpose and length of the meeting in advance allowed them to base their discussion on the notes each of them had made previously regarding their independent interactions with and observations of Thomas. They focused their conversation on finding common and unique observations they each made. Through shared dialogue during which every team member was given an opportunity to speak, they concluded that Thomas was unable to keep his body under control when entering new situations or environments in which he experienced sensory overload. Subsequently, they relied on their individual and collective professional training to create a list of suggestions for the IEP team that could help reduce the sensory overload Thomas was experiencing on the school bus and on his way to physical education each morning. The team relied heavily on the occupational therapist’s knowledge of sensory processing and on the physical education teachers’ suggestions for ways to adapt routines and environments. In addition, the occupational therapist suggested that the physical education teacher provide Thomas with some proprioceptive activities prior to class.

The GMAT members also discussed ways to prepare Thomas for assessment and instruction during physical education. Using their professional knowledge of physical education pedagogy and OT, they noted that Thomas benefited from team members working to help regulate his sensory input by providing him with a safe space before giving him a challenging task, redirecting his attention as necessary, offering reminders to keep his hands to himself instead of on others, and giving him the opportunity to stand very close to the teacher. For example, GMAT members suggested that Thomas participate in a basic physical activity a few minutes before the beginning of class, such as jumping or tumbling on a mat, bouncing on a bouncy ball, pulling himself on a scooter board, or pushing a large mat around the gym. These activities could help Thomas self-regulate his sensory system before the start of class and aid in reducing impulsive behaviors.

In addition, the team suggested that instead of requiring Thomas to sit on a line with the rest of the class upon entering the gym — an activity that makes it difficult for him to keep his hands and feet off of others — Thomas could be given a choice of jumping on the small trampoline or standing on a scooter board (a spoon-shaped balance board) near the floor mats. These activities would not distract the other students, and they would help Thomas “prime” his sensory system and allow him to keep his body under control as he listens to the teacher’s instructions for the first activity. When these successful strategies were shared with the full IEP team, team members brainstormed ways to apply the approach to other parts of the school day.

Case study 2: Kelly

Kelly is 13 years old, has been diagnosed with autism, and demonstrates significant social delays when engaging with her same-age peers. She has difficulty with group activities, coop-
erative games, and sport activities. She enjoys music and dance, but the physical education curriculum at Kelly's school is focused on team sports. Her class has 40 students in it with only one teacher. Kelly has a paraprofessional who assists her during physical education, but Kelly has learned that she can avoid many of the group games and activities if she acts out by crying or throwing herself on the floor. Her behavior has been disruptive, and on several occasions, the paraprofessional has had to escort her to a sensory room where she can slowly calm down.

The physical educator asked the GMAT for a meeting to discuss Kelly's actions in physical education. During the meeting, the occupational therapist reported that music has been the primary motivator for Kelly when she receives OT. Specifically, using headphones, Kelly listens to two tracks on her favorite CD before participating in the OT activity. At the end of the OT session, Kelly is rewarmed with another song from a different CD before going back to her class. The GMAT suggested a similar strategy be used when Kelly attends physical education. After a week of doing so, the physical educator observed that Kelly still demonstrated off-task behavior with games or activities she did not like, but her overall behavior had improved. The improvement in overall behavior allowed the physical educator and Kelly's paraprofessional to focus on a task analysis of the particular motor skills and activity environments Kelly struggles with and then create a reward system using music to promote Kelly's willingness to work through the task analysis.

**Effective Collaboration through Communication**

In the two case studies described, the GMAT members used several components of effective communication. In their experiences as adapted physical educators, the authors have found that the following strategies promote collaboration among GMAT members:

- open yourself up to help from others;
- listen to what others have to offer;
- seek clarification when needed;
- contribute suggestions through concrete examples of how a strategy could be applied to a given situation;
- follow through when responses are expected through email, phone calls, or participation in meetings;
- be prepared to contribute to the group dialogue; and
- meet deadlines.

It is important for these strategies to be rooted in mutual respect for GMAT members’ professional identities, roles, and experiences. When the members can identify their unique and common knowledge and experiences, the roles each member plays in a student’s IEP, and multiple opportunities for the student to work on IEP goals, the child and the system benefit from a cohesive approach to teaching and learning across the school day (Shapiro & Sayers, 2003; Silliman-French et al., 2007). When this cohesive, integrated approach happens, the GMAT members create a working relationship that transcends the various service models employed throughout their school or district. And indeed, together everyone does achieve more.

Working with teams across disciplines can be challenging, but the benefits are great. A common purpose and respectful communication can create a shared understanding of the student’s needs and a collective approach to meeting those needs. The primary outcome of the GMAT’s effective collaboration is increased student learning.

**References**


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