



## Hello ORSPN Community of Practice

Below is a question recently submitted to the PT Section of the OTPTAT Licensure Board regarding tiered intervention/Rtl by a PT practitioner. Please share with your school team as needed.

### QUESTION

According to our practice act, is a PT allowed to provide tiered interventions in the classroom setting? If so, to what extent? It is my understanding that we could provide consultation with the teacher and recommendations, but not do direct interventions with the student unless a physical therapy evaluation has taken place, is that correct?

### RESPONSE

**From:** [OTPTAT.Board@otptat.ohio.gov](mailto:OTPTAT.Board@otptat.ohio.gov)

**Date:** September 30, 2025 at 11:38:14 AM EDT

**Subject:** PT Tiered Interventions

The Multi-tiered System of Support (MTSS) is a mechanism to ensure the success of all students. The Ohio Department of Education outlines these provisions in the document *Each Child Means Each Child* starting on Page 22:

All of the MTSS tiers represent layers of supports are for children who have not been suspected of having a disability. If a student has been identified as having a disability, while they may benefit from some of these general classroom strategies, they are primarily served through the IEP. If the child is suspected of having a disability, they should be referred for a multi-factored assessment to determine if the student is a student with a disability, thereby qualifying for an IEP. The items listed below are supports for students in the general curriculum. This may vary for PTs, as you may serve students on an IEP in their classroom setting where the premises of MTSS are also being utilized.

**Tier One** is comprised of the universal supports and instruction available to all students. This tier may include general classroom strategies such as; educator and staff training, providing general information and support related to basic seating for enhancing classroom performance for all students (style height, depth, table height, flexed seating fit, etc.), sharing information with teachers, staff and students related to the benefits of movement such as movement breaks, timing and duration of movement activities), providing general information about functional mobility throughout the building for children and

general supports to teachers related to ball skills and developmentally appropriate tasks that have impact across the curriculum.

**Tier Two** is for students who need more intensive intervention and require support beyond Tier 1 instruction. Tier Two activities are generally characterized by more focused support groups of students with similar needs across the sensory- motor areas that are often identified by the teacher. Teachers often implement these ideas with therapist(s) by way of therapists modeling and supporting teachers for activities within the general curriculum. This is especially true in preschool where support is often needed in the preschool physical motor and wellbeing domain.)

**Tier Three:** Tier Three is for students (fewer than 10%) who require support beyond the interventions or supports provided in Tiers 1 and 2. Strategies in this category focus on even more distinct activities that often warrant more support than general recommendations. This may include the observation of a specific task or activity such as access to the restroom (entrance to stall, grab bars, or access to the sink for handwashing.) Students in this phase often fall into the category that is termed as RTI – or response to intervention. This is a *progress monitoring* process for the activity/ activities that a child has a specific intervention that is being carried out by staff members. If the needs and status continue to change and require adjustment, this information along with the progress monitoring reports (or the child’s response to intervention- RTI) this might become the basis for making a referral to determine if the child is a *child with a disability*. If you begin think that assessment and individualization are required, parent permission should be obtained.

**ALL TIERS:** Across all tiers or categories, if you ascertain that there is a need to provide customized changes for an individual student or if you are working with a student independently for tasks that require assessment, best practice would warrant that parent permission be acquired. This is needed even if PT is included in the school/parent handbook. If you are not providing customized assessment or activities, your activities may be covered under the school’s parent handbook, if PT is included as a service that children in the district may receive. In this case it would be deemed services provided to those in the general curriculum.

If at any point in this process it is suspected that a child may have a disability, then a referral for a Multi-factored Evaluation (MFE) should be completed that would result in an Evaluation Team Report so that the team may determine if the student is eligible for IEP services.

**Additionally, the laws and rules for PT apply at each point along the way regardless of practice setting and the provisions of Ohio 4755 must be fulfilled.**

We hope this answers your questions.

Thank you,  
77 South High Street, 16<sup>th</sup> Floor  
Columbus, Ohio 43215  
614-466-3774-Office  
614-995-0816-Fax  
[Board@otptat.ohio.gov](mailto:Board@otptat.ohio.gov)  
[How was my service?](#)