

---

**North Carolina Department of Public Instruction**  
Exceptional Children Division  
*Supporting Teaching & Related Services Section*

---

**LAURIE RAY**, *PHYSICAL THERAPY & MEDICAID CONSULTANT*  
919-636-1827      laurie\_ray@med.unc.edu

**LAUREN HOLAHAN**, *OCCUPATIONAL THERAPY & MEDICAID CONSULTANT*  
919-843-4466      lauren\_holahan@med.unc.edu

**PERRY FLYNN**, *SPEECH-LANGUAGE PATHOLOGY CONSULTANT*  
336-256-2005      pfflynn@uncg.edu

---

**Guidance in Determining FTE & Workload for Occupational Therapy,  
Physical Therapy, and Speech-Language Pathology Staff**

This document is intended to provide guidance to building- and district-level administrators or their designees on how to determine workload and allocate staff to provide school-based speech-language, occupational, and physical therapy. The number of related service staff required in an individual LEA depends on several factors. Mainly, full-time equivalent (FTE) allocation is driven by the collective service delivery time on all IEPs where related services or primary speech services are indicated. **The IEP must accurately reflect service delivery.** If service to a particular student/team routinely differs from the documented IEP time, the IEP team should meet and amend the IEP. In addition to IEP contact hours, the provider workload includes:

- IEP meetings
- Pre-referral meetings and screenings
- Evaluations and observations
- Documentation, including Medicaid logging
- Case management (for SLPs only)
- Provider assistant supervision, when applicable
- Program consultation
- Communication & consultation with staff/parents/outside agencies
- Travel between sites (varies based on number of sites served and distance between sites)
- Equipment acquisition, maintenance and training
- Intervention planning and scheduling
- Professional development
- Staff meetings, site-based committee meetings, and site-based duties, as assigned
- Lunch

The formula to compute the required FTE for a related service at a given site, or an entire LEA, is based on the number of IEP contact hours. Using this formula requires accurate workload data management; LEAs are encouraged to obtain updated caseload rosters, by school or site, from each provider on a frequent (e.g. monthly, quarterly) basis. Please see Appendix A - Sample Roster. (Actual rosters include confidential student information and are subject to Family Educational Right to Privacy Act.) Minimal requirements for a school's therapy roster include:

- STUDENT NAME/DOB
- SCHOOL
- FREQUENCY OF SERVICE (e.g., 1x30 minutes/week)
- IEP CONTACT HOURS PER WEEK, for example (provided as example only; actual service frequency should be determined based on each student's need and may not appear below):
  - 1x30 minutes/week = .5
  - 1x60 minutes/week = 1.0
  - 2x30 minutes/week = 1.0
  - 1x30 minutes/month = .125
  - 2x45 minutes/month = .375
  - 7x30 minutes/9-week reporting period = .38

Therapists and therapy assistants should complete separate workload assessments; data regarding supervision time is entered in the waiver request document. Supervised therapy assistant workload will be considered with the supervising therapist's workload when waiver determinations are made.

NCDPI Consultants can help LEAs determine the number of FTE needed and the relative productivity of existing staff, if required student data is available, using the following method for:

A. PT OT and SLP staff:

1. The weekly IEP contact hours for the site or provider are totaled.
2. Total IEP contact hours are then multiplied by a factor ranging from 1.7 - 2.7 to derive the number of service hours needed to effectively serve the site (See Appendix A).
3. The service hours are then divided by 40 (1 FTE). The resulting number indicates the number of FTE needed for the site or the percentage FTE the provider is using.
4. Based on this factor, one FTE can be expected to deliver somewhere between 20-22 IEP contact hours per week, depending on the severity of students served, evaluation load, and distance between/number of sites served.

Further staff time may be allocated for tasks not related to Exceptional Children programs and/or service delivery, depending on LEA needs, values, human resource philosophy and student/family needs. Many related service providers make valuable contributions to general education initiatives, including:

- site-based staff meetings
- professional development
- transition and work place support
- 504 plan interventions
- Multi-tiered system of support (MTSS) interventions
- Coordinated Early Intervening Services (CEIS)
- Positive Behavioral Support (PBS) initiatives
- other site-based or student-support duties

When administrators assign related service providers work in the above areas, the general education time should be removed from the provider's available time for IEP service delivery/workload calculations. See Appendix C.

### **Appendix A OT, PT and SLP**

The 1.7 multiplier is derived (based on breakdown of 1 FTE full-time equivalent at 40 hours/week) as follows:

- 72% - intervention, documentation, and planning (allowing 1 hour of documentation for every 4 hours spent intervening)
  - for 40 hours/week, this means 29 hours for intervention, documentation, and planning
  - of those 27 hours, 20%, or 5.8 hours will be spent documenting
  - **this leaves 23.2 hours available for student contact, e.g., 23.8 IEP hours can be assigned per FTE**
- 13.2% - assessment (5.3 hours/week)
- 8% - IEP meetings and staffings (3.2 hours/week)
- 6.3% - lunch (2.5 hours/week)

The formula suggests:

- **23.2 contact hours (58% of a provider's time) are used for intervention**
- **remaining 16.8 hours (42% of time) are used for extra-intervention duties**
- **ratio of 23.2 : 16.8 = 1 : .72**

This means, for each 1 hour of service indicated on an IEP, the provider needs an additional .72 hours, or 1.72 hours total (about 1 hour, 45 minutes) to do the job. Looking at it another way, 23.2 (max. contact hours) x 1.72 (contact

hours + the rest) = 40 (1 FTE). In practice, (e.g., in determining workload distribution and school assignment) by summing the IEP hours at a given school and multiplying by a factor ranging from 1.7 – 2.0, the FTE needed to serve the site would be determined. This generally works effectively for providers serving 1-2 sites, therapy assistants, and therapists not supervising therapy assistants.

For providers who serve more than 3 or more sites, supervise entire workloads for an LEA or multiple assistant workloads (which is the case in many North Carolina LEAs), or have heavy case management responsibilities, 1.72 does not suffice. In this case, allotting up to an additional 2.5 hours/week (or 30 minutes/day; 6.5% or .065) for travel between sites and increasing IEP meetings/staffing/case management (to include supervision time) to 10 hours/week (25% or .25) may be required.

The 2.7 multiplier is derived (based on breakdown of 1 FTE full-time equivalent at 40 hours/week) as follows:

- 46.3% - intervention, documentation, and planning (allowing 1 hour of documentation for every 4 hours spent intervening)
  - for 40 hours/week, this means 18.5 hours for intervention, documentation, and planning
  - of those 18.5 hours, 20%, or 3.7 hours will be spent documenting
  - **this leaves 14.8 hours available for student contact, e.g., 14.8 IEP hours can be assigned per FTE when serving multiple sites and/or supervising therapy personnel**
- 16.2% - assessment (6.5 hours/week)
- 25.0% - IEP meetings, supervision, and case management (10 hours/week)
- 6.3% - travel between sites (2.5 hours/week)
- 6.3% - lunch (2.5 hours/week)

The travel-/supervision-/case management-intensive formula suggests:

- **14.8 hours (37% of a provider's time) are used for intervention**
- **remaining 25.2 hours (63% of time) are used for extra-intervention duties**
- **ratio of 14.8 : 25.2 = 1 : 1.7**

This means for each 1 hour of service indicated on an IEP, the provider needs an additional 1.70 hours, or 2.70 hours total (2 hour, 42 minutes) to do the job. Looking at it another way, 14.8 (max contact hours) x 2.7 (contact hours + the rest) = about 40 (1 FTE).

The following table may be helpful in selecting the factor to use when calculating workload for a given OT or PT provider:

<b>FACTOR</b>	<b>EXTRA-INTERVENTION DUTIES</b>
1.7 – 1.8	<p><i>Very minimal</i>; use for therapy assistants &amp; providers who:</p> <ul style="list-style-type: none"> <li>• Serve 1-2 sites</li> <li>• Serve students with low-intensity needs</li> <li>• Do not supervise therapy assistants</li> <li>• Have limited or no participation in regular education initiatives</li> <li>• Participate of few to no school committees</li> <li>• Have no building assignments/ duties (e.g. committees, bus, lunch)</li> <li>• Have workload in which the majority of students have minimal need/severity</li> </ul>
1.9 – 2.0	<p><i>Minimal</i>; use for therapy assistants &amp; providers who:</p> <ul style="list-style-type: none"> <li>• Serve few sites/not excessive miles</li> <li>• Serve students with varied intensity of need</li> <li>• Do not supervise therapy assistants</li> <li>• Have some participation in regular education initiatives</li> <li>• Have minimal building assignments/ duties (e.g. committees, bus, lunch)</li> <li>• Have workload in which the majority of students have low need/severity</li> </ul>
2.1 – 2.2	<p><i>Moderate</i>; use for providers who:</p> <ul style="list-style-type: none"> <li>• Serve several sites</li> <li>• Serve students with varied intensity of need</li> <li>• Supervise 1 therapy assistant</li> <li>• Have routine participation in regular education initiatives</li> <li>• Have some building assignments/ duties (e.g. committees, bus, lunch)</li> <li>• Have workload in which the majority of students have mild need/severity</li> </ul>
2.3 – 2.4	<p><i>Somewhat extensive</i>; use for providers who:</p> <ul style="list-style-type: none"> <li>• Serve several sites</li> <li>• Serve students with varied intensity of need</li> <li>• Supervise 1-2 therapy assistants</li> <li>• Have routine participation in regular education initiatives</li> <li>• Have building assignments/ duties (e.g. committees, bus, lunch)</li> <li>• Have workload in which the majority of students have moderate need/severity</li> </ul>

2.4 – 2.5	<p><i>Extensive</i>; use for providers who:</p> <ul style="list-style-type: none"> <li>• Serve many sites</li> <li>• Serve students with high intensity of need</li> <li>• Supervise 2-3 therapy assistants</li> <li>• Have routine participation in regular education initiatives</li> <li>• Have considerable building assignments/duties (e.g. committees, bus, lunch)</li> <li>• Have workload in which the majority of students have significant need/severity</li> </ul>
2.6 – 2.7	<p><i>Very extensive</i>; use for providers who:</p> <ul style="list-style-type: none"> <li>• Majority of sites in or whole LEA/travel</li> <li>• Serve students with high intensity of need</li> <li>• Supervise 2-3 therapy assistants</li> <li>• Have significant participation in regular education initiatives</li> <li>• Have extensive building assignments/duties (e.g. committees, bus, lunch)</li> <li>• Have workload in which the majority of students have maximal need/severity</li> </ul>

**Appendix B**

When administrators assign related service providers work in general education initiatives like MTSS and CEIS, the general education time should be removed from the provider’s available time for IEP service delivery/workload calculations. For example, if 4 hours per week of a physical therapist’s time has been allocated for training all instructional staff in embedding movement in instruction, then the physical therapist would have 36 hours (or .9 FTE) available for delivering IEP services. Assignment of IEP hours would be based on .9 FTE for this employee, e.g. the service hours are divided by 36, rather than 40 to determine workload.