Report of Caseloads for Occupational Therapists:

| District/School | | Nevada Rise Academy | | | | | |
|---|--------------------------|---------------------|-----------------------------|---------------------------|--|--|--|
| 2-Year Report for Period of | 7/1/2021 | through | 6/ | 6/30/2023 | | | |
| REPORT OF CASELOADS FOR OCCUPATIONAL THERAPISTS | | | | | | | |
| (Must be submitted to the Nevada De | epartment of Education | and posted to the | district's web | site by October 1 in each | | | |
| odd-numbered year) | | | | | | | |
| 1. Describe the factors used in determining caseloads (check all that apply): | | | | | | | |
| Geographic considerations such as distance OTs must travel to get to sites | | | | | | | |
| Number of students who need services at a given site | | | X | | | | |
| Number of students who need services in the district | | | | | | | |
| Level of intensity of students' needs | | | X | | | | |
| Number of OTs employed by the district | | | | | | | |
| Number of existing vacancies | | | | | | | |
| Other – Describe: | | | | | | | |
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| 2. Describe the range of number of pupils with disabilities at different school sites who require services: | | | | | | | |
| Minimum number of students who re | eceive OT at any given s | ite: | | 5 | | | |
| Maximum number of students who receive OT at any given site: | | | 8 (also based on referrals) | | | | |
| | | | | | | | |
| 3. Describe the range of levels of intensity of the services required: | | | | | | | |
| Number of pupils who receive direct services approximately 1-2 times per week: | | | 5 | | | | |
| Number of pupils who receive direct services approximately 1-2 times per month: | | | 0 | | | | |
| Number of pupils who receive consultation services approximately 1 time per week: | | | 1 | | | | |
| Number of pupils who receive consultation services approximately 1 time per month: | | | | | | | |

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| 4. Describe the availability of appropriately certified assistants to assist with provision of service | es: |
|--|---------------------------|
| Currently there are no COTAs servicing students at this site. | |
| 5. Describe the geographic factors that affect the ability of therapists to travel to provide the se | ervices (check all that |
| apply and provide a brief description): | N/A |
| Travel time / distance. Describe: | IVA |
| Weather conditions. Describe: | |
| Other – Describe: | |
| | |
| 6. Describe the degree to which the district expects occupational therapists to participate in me pupils: | eetings pertaining to the |
| Best practice for OTs is to attend all IEP meetings where OT is indicated, if possible. If the therapist has a able to attend, will reach out to the family prior to the meeting to review present levels and recommendation | |

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| 7. Provide the number of occupational therapist vacancies experienced by the district in this | 1 | | | |
|--|------------|--|--|--|
| reporting period: | | | | |
| 8. Describe the efforts made by the district for the recruitment and retention of occupational th | nerapists: | | | |
| This site provides OT services through a contract company. The OT currently services the site1 day per week. | | | | |
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9. List the number and caseload of each OT employed in this reporting period:

| Full Time Occupational Therapists (OTs) | | Part-Time Occupational Therapists (OTs) | | | | |
|---|---------------------|---|--------------------------|-----------------|---------------------|-----------------------------------|
| Full-Time Ots (FT OT) | Maximum Caseload | Employee (E) or Contracted (C) | Part-Time OTs (PT OT) | % FTE Worked | Maximum Caseload | Employee (E) or Contracted (C) |
| FT OT #1 | | | PT OT #1 | .15 | 8 | С |
| FT OT #2 | | | PT OT #2 | | | |
| FT OT #3 | | | PT OT #3 | | | |
| FT OT #4 | | | PT OT #4 | | | |
| FT OT #5 | | | PT OT #5 | | | |
| FT OT #6 | | | PT OT #6 | | | |
| FT OT #7 | | | PT OT #7 | | | |