



*Special Collection: Short Report*

**The 5P Stairs Model: A Guide to School Visits**

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**Abstract**

A school visit is defined as a process wherein a person with specific expertise and preparation goes to a school for a limited period of time and gathers information on how a student is functioning within that setting. Aside from giving thorough guidelines for conducting a school visit, the 5P Stairs Model presents five (5) steps that can establish a better working relationship among the stakeholders, motivated by one main goal: to support the child's performance within the school setting. The model presents the 5P's: a) Preparation, which focuses on the delivery of consent and request letters upon identifying the need for a visit; b) Pre-observation for the briefing, focusing on the collaboration between the therapist and the teacher on how the process could mutually benefit them and the child; c) Observation Proper which includes taking note of relevant observations using a checklist; d) Post-observation for debriefing is where feedback to the teacher takes place; and e) Planning and Partnership which includes providing recommendations and necessary interventions, through the continuous collaboration among the therapist, family, and school. Furthermore, supplemental materials such as template letters, a questionnaire, and an observation form were developed to facilitate the aforementioned steps. The framework's processes and steps serve as a guide and are not meant to be prescriptive. A pilot study on the 5P Stairs Model's processes and supplemental files is recommended to help establish its usefulness, validity, and effectiveness.

**Key Words:** School, School visit, Education, Educational Participation, Evaluation, Assessment, Occupational Therapy

**BACKGROUND AND OBJECTIVES**

A school visit is defined as a process wherein a person with specific expertise and preparation goes to a school for a limited period of time and gathers information on how a student is functioning within that setting. It is increasingly appreciated as a method for observing and assessing a student's educational performance along with factors that affect this. Unlike other methods, school visits can provide verifiable and detailed insights that can stimulate change.<sup>1</sup>

In the Philippines, occupational therapists may be discouraged from conducting school or classroom visits due to several factors. For instance, schools may have a reserved perception and attitude about being 'scrutinized' when they are observed by external parties. Such visits may also be seen by them as disruptions in

classroom activities. Moreover, many therapists acknowledge their lack of resources, time, and skills to conduct school visits professionally and effectively. Consequently, many occupational therapists often resort to more conventional clinic-based methods such as caregiver and teacher reports, which often do not entail observing the behavior and performance of the students in natural education settings.

While there is evidence in the literature on processes in conducting home and worksite visits, there is limited research that focuses on school visits as an important means of assessing school performance and the factors that affect it. Consequently, this leaves occupational therapists with a lack of evidence-based protocols and resources to plan and conduct school visits.

Highlighting the importance of the occupational therapist, family, and school working together to foster the student's successful and optimal performance, this framework aims to aid therapists with a guide and supplemental files in conducting school visits collaboratively. It presents five (5) steps that can help establish better working relationships among the stakeholders motivated by the primary purpose of supporting the child's school performance, inclusion, and learning outcomes.<sup>2</sup>

## DEVELOPMENT PROCESS

The 5P Stairs Model is a conceptual framework inspired by a common dilemma- Therapists feeling unconfident and inadequate about conducting school visits. It was largely influenced by site visit standards presented by Michael Patton<sup>3</sup> and the school visit process presented by Masoumeh Zaare<sup>1</sup>. Moreover, concepts were borrowed from related practices, namely, home and work-site visits. By relating the above literature with practical clinical insights, the 5P Stairs Model presents five steps in conducting school visits, namely, Preparation, Pre-observation, Observation Proper, Post-observation, and Planning-Partnership.

Guided by the aforementioned steps, school visit materials were developed as tangible resources for therapists. These intend to help therapists conduct observations in a more smooth and intentional manner that focuses on key factors that affect school performance.

## THEORETICAL BASES

**The Revised Site-Visits Standards.** A Quality-Assurance Framework is a standard-focused evaluation framework that underpins how essential and significant planning and preparation are as precursors to a site visit.<sup>3</sup> Without these, executing advanced work adequately might be difficult. The framework explains that planning the visit accounts for logistics and schedules to maximize the use of time in designing the process for a distinct purpose. Following Planning and Preparation is Site Participation. This shows the importance of engaging all people involved in a culturally

sensitive way. The 5P Stairs Model adapts Preparation as its first and crucial step and embodies affirmative stakeholder participation in all its stages.

**Classroom Observation Steps.** An adaptation of the University of California - Berkeley's Classroom Observation Steps designates four stages for a successful school visit, namely: a) pre-observation discussion, (b) the class visit, (c) after the class visit, and (d) post-observation discussion.<sup>1</sup> This sequential process served as a key basis and is paralleled by the 5P Stairs Model's processes.

**Appreciative Inquiry Model.** The 5P Stairs Model adheres to the Appreciative Inquiry Model in all processes that involve interaction among the stakeholders. This approach engages a system of inquiry and feedback about what works.<sup>4</sup> For example, instead of asking what can be done to improve the learning environment, it could be phrased as what environmental modification practices used have been showing benefits to the children's performance. Through this, the 5P Stairs Model hopes to foster a more positive relationship between the therapist and the school.

**Person-Environment-Occupation Performance Model.** Throughout its five stages, the 5P Stairs Model invokes a key tenet of the Person-Environment-Occupation Performance Model (PEOP), which underscores the importance of establishing a person's complete occupational profile by looking at the transactional relationship that affects the person, environment, and occupational performance. This is clearly reflected in the factors of interest that the 5P Stairs Model seeks to assess.

## CONCEPTUAL FRAMEWORK

The 5P Stairs Model is a guiding framework for therapists to conduct school visits to assist individuals, particularly children and youth, in attaining optimal learning outcomes in formal education settings.

It identifies therapist, family, and school factors that could substantially affect the school visit process, which could ultimately determine the success or failure of the visit. These factors are

symbolically depicted as the stair's foundation. The Model presents five evidence-based stages in conducting a school visit collaboratively. This sequential process is depicted in the steps of the stairs that lead toward a vibrant school visit experience. Collaboration is symbolized by the family, child, and school staff projecting a welcoming attitude toward working with a visiting therapist. Supplemental files were developed alongside this model to offer occupational therapists concrete resources such as template letters, questionnaires, and observation forms.

convinced that they can effectively evaluate and address their client's needs.<sup>5</sup>

**Resources for School Visits.** Guidelines, protocols, and the availability of assessment and intervention tools may affect therapists' enthusiasm and confidence in performing school visits. If there are such guides, the therapists may feel assured that they can go on with the process smoothly and professionally.

## FAMILY FACTORS

### Knowledge and Attitudes about School Visit.

Families may think that school and therapy centers are two different contexts and do not need to collaborate for their children since their roles focus on different aspects of the child's development. Parents' or family members' knowledge about a school visit and how this can foster an alignment of all the stakeholders' goals and interventions may determine whether they avail of the service or not.

**School Visit's Importance.** Parents of children receiving OT services are typically committed to the improvement of their children. Hence, they may be open to suggestions such as school visits as long as the therapist can explain clearly its purpose and how the process will be. Being the primary determinants of the child's course of intervention, parents can be effective advocates, calling for the therapist and school to work together. The 5P Stairs Model invokes the parents' authority as it engages them to help initiate the school visit process by mediating cooperation between the school and the therapist.

**Cost of School Visit.** In the Philippines, where therapy services for children are largely financed by parents, the family's financial resources will largely determine whether a child receives needed services such as a school visit.<sup>6</sup> Since there are no known industry standards in the delivery and cost of school visits in the Philippines, families are encouraged to directly communicate with therapists to determine how they can feasibly avail of this service.

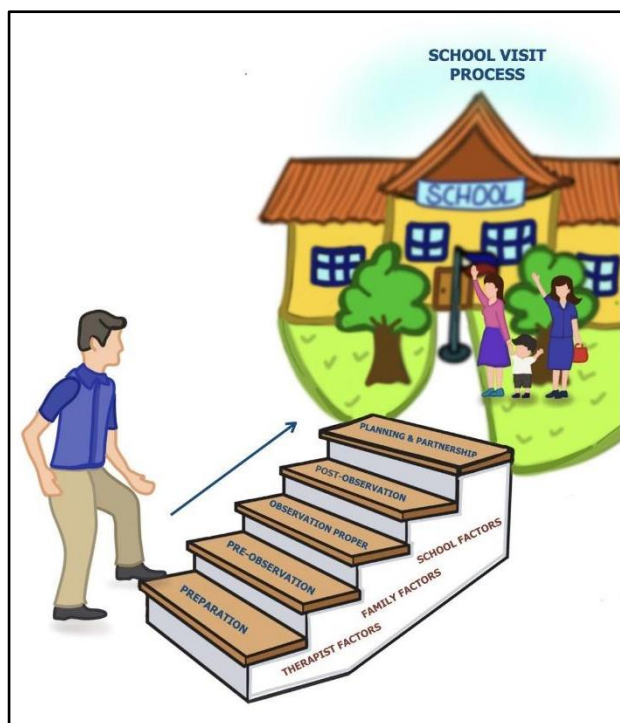


Figure 1. The 5P Stairs Model: A Guide to School Visits

## THERAPIST FACTORS

**Capabilities and Experience.** Occupational therapists must recognize that promoting a student's school performance is within their profession's domain. Hence, difficulties that affect learning warrant their intervention.

The therapists' level of competence in conducting school visits, particularly in navigating through policies, unfamiliar spaces, and personalities, may affect their confidence. If this is limited due to a lack of formal training and/or practical experience, the therapist may have feelings of inadequacy wherein they are not

## SCHOOL FACTORS

**Perception of the Teachers.** School visits conducted by professionals outside the institution or school may be perceived as an evaluation or inspection. Teachers may perceive it in two ways: useful or controlling. Letting teachers take part in the process may allow them to better understand the child's goals and give input on how to improve the therapy process.<sup>7</sup> Some may consider it as a control mechanism that would only find the mistakes of the administrators and teachers. This causes stress and distrust. Observations may also be perceived as disruptions in the delivery of classes.

### **Perception of the School Administrator.**

School visits may be considered by the school administrators as an evaluation. Principals perceive evaluation as a process that should exist in the education system, as they believe that it is necessary for the teacher and the school to gain insights on how to improve the quality of their instruction.<sup>8</sup>

However, other school administrators may also view school visits as time-consuming methods that may yield unfair judgments from external parties based on snapshot observations, thereby posing risks of them and their teachers being unjustly exposed. Additionally, some school officials might feel that external reviewers who do not fully appreciate the school's context might demand accommodations that are not feasible.

## STEPS

As a guide to the school visit process, this Model proposes the 5Ps:

1. **Preparation** - This entails identifying the need for a school visit and preparing the materials and resources needed such as the school visit supplemental files. These files include letter templates addressed to the parents and school administrator (See Supplementary Files A and B, respectively). These letters may be used in requesting a school visit and to set a schedule for this accordingly. Schools are typically accommodating towards parents. Hence, the 5P Stairs Model proposes for the therapist and/or the child's physician to ask parents to

be the signatory of a templated request letter addressed to the school administrator. The request letter shall also provide an overview of the observation proper along with a Teacher Questionnaire (See Supplementary File C) that ideally must be accomplished and returned to the therapist before the visit. This will allow the therapist to maximize observation time during the visit. The questions are divided into three main categories:<sup>9</sup>

- child-centered questions
- academic-related questions
- therapist-involvement questions

2. **Pre-observation** - This step serves as the briefing, a cordial discussion between the teacher and the therapist on the day of the visit. This will help foster rapport among the therapist, teacher, and school administrators, thereby alleviating anxiety. Here, the therapist may gather additional information about the class and what the teacher's plans are for the day. More importantly, this is to allow the teacher to express areas where they would like feedback on.
3. **Observation Proper** - This step entails the introduction of the therapist to the class. The therapist may then sit at the back or to the side of the room and should not interrupt the class flow. Therapists must be mindful that classroom observations should be "developmental rather than judgemental" because they should offer opportunities to motivate teachers to improve their abilities and methods and for them to evaluate their own teaching strategies.<sup>10,11</sup>

The therapist may use the Observation Form (See Supplementary File D) in listing down the child's activities and responses, behavior modification strategies employed by the teacher, environmental factors such as room arrangements, sensory facilitators, and barriers/distractions. The observation may last 30 minutes to an hour, depending on the time agreed upon between the therapist and the school.

4. **Post-observation** - The fourth step serves as the debriefing stage. Here, the therapist

should review the notes taken during the class observation and consider what went well and what areas might need improvement. In reviewing the notes, the therapist must also consider how the teacher has done in the areas on which they have requested feedback. This dialogue should center on aspects of the class that went well. In accordance with the Appreciative Inquiry Model, the focus should be on the core strengths of the teacher and utilizing these to support the student's learning goals. The teachers must be inspired to maintain the best of the past by discovering what these were and stretching these into future possibilities, especially in areas of difficulty.<sup>4</sup>

The 5P Stairs Model recommends the therapist to list down insights classified into three categories, namely: 1) should not change, 2) could not change, and 3). should and could change.<sup>12</sup> These could advise the therapist in prioritizing which factors can result in the most favorable impact when addressed.

5. **Planning and Partnership** - This fifth and final step should center on the significance of the classroom observations. Here, the therapist and school must jointly work together in determining feasible and contextually appropriate ways to make the child's learning experience more effective. By establishing a collaborative, positive, and hopeful tone, a lasting partnership can be fostered among the therapist, school, and family.

#### LIMITATIONS AND RECOMMENDATIONS

Since the model was mainly inspired by the experiences of OTs working in the Philippines and is limited to the country's current school-therapist context, it may not be contextualized to therapists practicing elsewhere. Also, the model was developed mainly for pediatric OTs, but other professionals working with children, such as physical and speech therapists, can still take interest and benefit from this model. The stages indicated in the framework can be applied to both private and public educational institutions. However, therapists may need to modify certain

processes and steps when assessing learners under the Alternative Learning System (ALS). Furthermore, the framework's processes and steps serve as a guide and are not meant to be prescriptive. Hence, certain steps and activities may be contextualized to better suit the client's situation. The supplemental materials were intended to be tangible resources that therapists can use. A pilot study on the 5P Stairs Model's processes and the files is recommended to help establish their usefulness, validity, and effectiveness.

#### SUMMARY

Occupational therapists in the Philippines often find themselves restricted from effectively conducting school visits. This can be due to several factors, such as the negative perceptions and attitudes of schools about the profession, the therapists' lack of training and experience in the process, and limited resources to support the conduct of the visit.

The 5P Stairs Model gives thorough guidelines on how an occupational therapist conducts a school visit. The model presents the 5P's: a) Preparation, which focuses on identifying the need for a school visit, delivery of a consent and request letter, including questionnaires to the school; b) Pre-observation signals the start of the physical collaboration of the teacher and the therapist which centers on them discussing how the process could mutually benefit them and the child, c) Observation Proper focuses on the therapist taking note of relevant observations using a checklist, d) Post-observation for debriefing is where constructive and affirmative feedback to the teacher takes place, and e) Planning and Partnership focuses on the provision of recommendations and necessary interventions that will improve the classroom and educational participation of the child, through the continuous collaboration among the therapist, family, and school.

#### Individual Author's Contributions

J.M.B.: conceptualization, acquisition, analysis, and interpretation of work, drafting and critically revising, and responsible for the

majority of the features of the model; M.S.: conceptualization, acquisition, analysis, and interpretation of work, drafting and critically revising, and responsible for the majority of the features of the model; A.M.Y.: conceptualization, acquisition, analysis, and interpretation of work, drafting and critically revising, and responsible for the majority of the features of the model; A.A.D.: conceptualization, analysis, and interpretation of work, approval of the version to be submitted for publication, and responsible for the majority of the features of the model.

### Disclosure Statement

The last author is affiliated with the Independent Living Learning Center, Academia Progresiva de Manila, and the Rehabilitation and Empowerment of Adults and Children with Handicap Foundation, Inc. The rest of the authors are students of the Master of Science in Occupational Therapy program of the University of Santo Tomas Graduate School.

The opinions presented in this paper do not necessarily represent the overall stance or viewpoint of the organizations to which the authors belong.

### Conflicts of interest

The authors declare no conflicts of interest, confirming their non-engagement or associations with any organization or entity having financial or non-financial interests in the subjects covered in the paper.

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### Supplementary Files

[Supplementary File A: Letter recommending a school visit to parents](#)

[Supplementary File B: Request letter for school visit from parent](#)

[Supplementary File C: Teacher Questionnaire](#)

[Supplementary File D: School Visit Observation Form](#)

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