

Ionía County Intermediate School District

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Required Elements & Protocol for Completing Random Moment Time Study

- Step 1:** Place your notification letter somewhere safe. If you misplace the notification letter, you should contact Public Consulting Group (PCG), at (888) 277-6334.
- Step 2:** At the exact date and time of your RMTS, you should make a mental note/jot down what you are doing. You do not have to stop what you are doing to do the RMTS, and you will **only** be able to access your moment **after** the assigned date and time.
- Step 3:** Later that day, before you go home, logon and complete the time study. You will be prompted to select one of the answers below:

- Moment was before or after workday (does not include lunch)
- Unpaid or Paid Day off
- Yes, I was working

If you select, "Yes, I was working," you will be prompted to answer four additional questions. If you are completing a Case Management Survey, you may be prompted to indicate if you are the student's Case Manager. The questions and examples of some 'possible' responses are listed below. Remember, your answers should always be descriptive but they should never include student-specific information.

1) Who was with you?

Examples: Student, Group of Students, Speech Pathologist, Parent or IEP/IFSP Team

- If no one was with you, tell us that you were alone
- If this question is not applicable; write N/A

2) What were you doing?

Examples: Attending the IEP/IFSP meeting; Reviewing the student's goals and objectives; Providing individual speech therapy; Helping a student with mobility issues board the bus to go home; Consulting with the SSW about the student's behavior plan; Assisting a student with toileting; or Providing group therapeutic procedures for three students

Note: "Direct Medical" activities include the services you provide for Speech, Assistive Technology, Psychology, School Social Work, Nursing, Occupational Therapy, Physical Therapy, Vision Orientation and Mobility and Personal Care needs. "Indirect Medical" activities include the Consultative, Coordination and Case Management services you provide on behalf of a student. You may use words like "Observed", "Reviewed" or "Supervised" to describe the "Indirect Medical" activities you perform, but you should avoid using "Academic" terms like "Math", "Handwriting," "Reading," "Lesson Plans" or "Report Cards" to describe your "Direct/Indirect Medical" activities.

3) Why were you doing this activity?

Examples: *Because the student's disability will not allow him/her to perform the activity alone; Because it's part of the student's therapy goal; or Because speech is an IEP prescribed service.*

- If this question is not applicable; write N/A

Note: Responses like: "Because it's my job" or "It's my assigned duty" aren't detailed enough and PCG may contact you to obtain additional information.

4) Does the Student have an IEP/IFSP in place for the services you are performing?

- Select Yes, if the need for the service is documented on the student's IEP/IFSP
- Select No, if the student does not have an IEP/IFSP in place, or if the question is not applicable

Examples:

- Health Care Aide was "Toileting" the student and Personal Care is documented on the IEP/IFSP;
- The CCC-SLP was providing "Individual Speech Therapy" and Speech & Language is documented on the IEP/IFSP; or
- The Licensed Social Worker was providing "Group Psychotherapy" and Social Work is documented on the IEP/IFSP.

- Step 4:** Finally, you must SUBMIT your completed time study to PCG. In order to activate the **SUBMIT** button you must check the box next to the statement that attests that you have accurately completed the Random Moment Time Study. Click the active **SUBMIT** button.

If you have any questions, contact the following individuals:

Jim Lóser, Planner/Monitor
jloser@ioniaisd.org
x1404

Terry Thomas, Central Registry
tthomas@ioniaisd.org
x1203

PURPOSE STATEMENT:

"Partners in Building Full Potential"

It is the policy of Ionía County Intermediate School District that no person on the basis of race, color, religion, national origin or ancestry, age, gender, height, weight, marital status, or disability shall be subjected to discrimination in any program, service, activity, or in employment for which it is responsible. Inquiries related to discrimination should be directed to: Planner/Monitor, 2191 Harwood Road, Ionia, MI 48846. (616-527-4900)