Clinical Leaders and Managers of School-based Rehabilitation Services Readiness Checklist:

Part One: How to Prepare to Deliver Partnering for Change (P4C) Successfully

Occupational therapists who implement P4C are strongly encouraged to consult with their regulatory body to ensure continued adherence to changing regulatory guidelines and best practices.

© 2025 Wenonah Campbell, Partnering for Change Program of Research, CanChild, McMaster University

Please see p4cguide.com for additional resources and tools.

Clinical Leaders and Managers of School-based Rehabilitation Services Readiness Checklist: Part One: How to Prepare to Deliver Partnering for Change (P4C) Successfully

Transitioning to a new service model, like Partnering for Change (P4C) requires some learning.

This checklist is the first of three designed to help clinical leaders and managers of School-based Rehabilitation Services to support occupational therapists to successfully deliver Partnering for Change (P4C) in alignment with the P4C Implementation Theory. These checklists provide indicators to help clinical leaders and managers to successfully support the delivery the P4C in schools and explain why these indicators are important.

This first checklist provides some reflections and indicators to help **clinical leaders and managers to support occupational therapists to prepare to deliver the P4C service in schools**.

Clinical Leaders and Managers Implementation Indicator	Why This Matters
I support the implementation of P4C within my organization.	Partnering for Change (P4C) is a novel way of providing services in schools and differs from a medical model approach. It is important that your beliefs are aligned with the values inherent to the model (i.e., inclusion), and that you are open to the OTs delivering services in a new way.
We have decided to implement P4C and to commit to securing sufficient resources, so that the OTs can deliver P4C regularly and consistently in their schools.	The P4C research suggests that when transitioning to the P4C model, **one full day, no less than once every two weeks,** is required to **deliver all three tiers**. An ongoing regular and consistent presence is essential to establish collaborative

© 2025 Wenonah Campbell, Partnering for Change Program of Research, CanChild, McMaster University

	relationships and to achieve all of the intended outcomes of P4C.
I am aware of the P4C Professional Development Program and I endorse P4C training for staff implementing the model.	The P4C Professional Development Program offers content that is essential foundational knowledge required to implement P4C well, which includes content about universal design for learning, differentiated instruction, dynamic performance analysis and response to intervention.
I have accessed P4C resources and implementation tools that are available at p4cguide.com and I have reviewed the P4C Foundations for Clinical Leaders and Managers webinar.	The P4C Foundations for Clinical Leaders and Managers webinar is specifically designed for Clinical Leaders and Managers who support occupational therapists working with students in schools. It provides foundational information about P4C to increase clinical leaders and managers' understanding of the service.
I facilitate access to mentorship for the OTs implementing this model at my organization.	P4C research has shown that mentorship is essential to the success of this model. P4C represents a significant change for some therapists and OTs require ongoing support to address common challenges during its adoption.
I commit to OTs adopting a workload approach that reflects all of the OTs' activities in their workday, including delivery of services at all three tiers of P4C, meetings, and time for documentation and preparation.	Workload includes caseload activities plus the broader range of interventions available to OTs implementing the P4C model. It is a shift in how to measure the amount of work OTs are completing and requires commitment to this change and a method for tracking the work completed at each tier. (Learn

© 2025 Wenonah Campbell, Partnering for Change Program of Research, CanChild, McMaster University

	more at first.machealth.ca, FIRST KIT page 50.)
We have developed a method to track metrics for Tier 1, Tier 2, and Tier 3 services.	Accurate metrics are important to understand the OTs' workload and the full scope of services that are provided to the whole school community. Metrics are also important for securing adequate funding for P4C services. (Learn more at first.machealth.ca, FIRST KIT page 50).
I have consulted with the OT regulatory body in my jurisdiction about any questions regarding consent or documentation.	It is important to ensure that the OTs' consent and documentation processes align with the professional standards outlined by the occupational therapy regulatory body.
My organization and my team have created a consent for Tier 1 letter for parents.	It is important that all families be informed that an OT will be present in the school because the OT is likely to visit all of the spaces and classrooms in the school throughout the school year.
My organization and my team have created a process to gain consent for Tier 2 and 3 levels of service.	Tier 2 and Tier 3 services require the informed consent of the student (if capable and appropriate) and the family or substitute decision maker.
My organization has a record keeping system that allows OTs to document Tier 1, 2, and 3 services.	P4C OT services at Tier 1 must be documented in a school or classroom file. A clinical record must be maintained for each student receiving Tier 2 and Tier 3 services, in accordance with the record-keeping standards set by the regulatory body in the OTs' practice jurisdiction.

© 2025 Wenonah Campbell, Partnering for Change Program of Research, CanChild, McMaster University

Create Your Personalized Action Plan.

Choose an implementation indicator you would like to address and prepare an Action Plan to help you achieve your goal.

Learning Goal	Strategy to Address Indicator	Progress Made Towards Goal

© 2025 Wenonah Campbell, Partnering for Change Program of Research, CanChild, McMaster University