

Feature Article

USE OF THE CANADIAN OCCUPATIONAL PERFORMANCE MEASURE IN SCHOOL-BASED OCCUPATIONAL THERAPY

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INTRODUCTION

The College of Occupational Therapists (COT) defines occupational therapy as enabling people to “achieve health, well-being and life satisfaction through participation in occupation” (COT, 2004). To ensure the future commissioning of occupational therapy services, occupational therapists need to be able to demonstrate changes in levels of participation in occupations following intervention. For occupational therapists working in schools, this requires them to identify the child’s baseline level of participation in school occupations. School-based occupations include accessing the curriculum, following school rules, looking after oneself and playing with peers (Hasselbusch, 2011). Children need to adopt the primary occupational roles of student and friend at school. The Canadian Occupational Performance Measure (COPM) is one tool that can be used to identify occupational performance issues. The COPM is a semi-structured interview and goal setting tool which enables the identification of occupational performance issues. As a well-established assessment and evaluation instrument, the COPM has been used in a wide range of settings and with varied client groups in practice and research over the last two decades (McColl *et al*, 2006). This article will explore the use of the COPM within the context of occupational therapy services provided within regular, mainstream schools. The emphasis will be on the practical application of the COPM as an individualised measure focusing on the perceptions of the parents, school staff and child / young person with regard to the occupational performance of the child / young person in typical school occupations.

IDENTIFYING THE CLIENT

Collaboration with the client is a core occupational therapy skill (COT, 2009). Prior to the assessment, the occupational therapist needs to identify the client(s). Parents / caregivers, school staff and the child could all be considered clients within school-based practice. Depending on the practitioners’ decision about ‘who the client is’ will influence who they collaborate with to complete the COPM. For example, being family-centred in school-based practice can shift the focus of intervention away from educational priorities, whilst being solely child-centred may not incorporate occupations that children are expected to do in school,

even though the child may not like them (see Table 1 for definitions).

Law *et al* (2005) acknowledged that nominating all three of the above stakeholders as clients might be time and resource intensive; however, there can be definite benefits in gaining these different perspectives. This can be achieved by all the individuals completing the COPM from his or her own perspective. The COPM offers an opportunity to set the scene for a collaborative relationship between therapist and parents, child / young person and school staff. Furthermore parents, teachers and children do not always have the same goals and the goal setting process requires negotiation skills to ensure that all voices are heard and different goals acknowledged (Dunford *et al*, 2005). Through this negotiation parents, school staff and the child are more likely to take ownership of the goals and actively participate in an intervention process focusing on achieving their goals.

USE OF COPM WITHIN THE SCHOOL-BASED OT PRACTICE PROCESS

The COPM is used as part of the initial assessment, with

Client-centredness describes a partnership between client and therapist that empowers the client; listening to and respecting the client’s needs and perspective are key features, including actively negotiating goals and provision of choice (Sumison, 2006)

Family-centredness recognises that every family is unique, the constant in a child’s life and therefore has expertise in the child’s abilities and needs (Law *et al*, 2003). Therefore therapist and parents work in partnership, with parent engagement in goal setting and therapists enabling informed decision making by providing the relevant information (Stewart & Cameron, 2006).

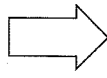
Child-centredness recognises the child as the focus, seeing the child as an individual as well as member of their family unit; consistent with key features of client-centredness. In addition, particular care is taken that the child’s voice heard in the goal setting, which may include negotiation or perhaps even resolving conflicting perspectives and priorities of child and adults (e.g. parents, school staff) (Rodger & Keen, 2010)

Table 1: Definitions of client-, family- and child-centredness

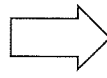
the identified client, within the context of an initial interview, commonly during one of the first contacts or meetings. Some therapists may like to see the child in the classroom, at least briefly, prior to conducting a COPM interview, while others may choose to do the COPM during a first meeting. To gather information from parents, school staff and the student together, the COPM might be administered as part of an Individual Education Plan (IEP) meeting. Within the context of a meeting, the therapist might engage as a next step in collaborative goal setting process with the clients, based on the information collected through the COPM, e.g. setting SMART goals or doing Goal Attainment Scaling (GAS).

Assessment Stage:

Initial administration of COPM with parents, school staff and/or child to identify and prioritise issues the child experiences when participating in and performing school occupations



School-based Occupational Therapy Intervention based on COPM findings



Evaluation Stage:

Measuring outcomes of school-based intervention through re-administration of COPM with parents, school staff and/or child; re-rating of child's performance and satisfaction, as well as calculation of change score

Figure 1: COPM within the practice process in school-based occupational therapy

OCCUPATION-BASED ASSESSMENT IN SCHOOL-BASED OCCUPATIONAL THERAPY PRACTICE

The notion of refocusing practice on occupation and placing occupation at the centre of our practice with children, young people and families has been asserted by a number of occupational therapy theorists and researchers (e.g. Duntford, 2011; Polatajko & Canting, 2006; Rodger, 2010). Use of the COPM has the potential to facilitate a move towards occupation-based or occupation-centred practice. Definitions of occupation, occupational performance and engagement based on the Canadian Model of Occupational Performance and Engagement (CMOP-E) are given in Table 2, as this is the terminology underlying the Canadian Occupational Performance Measure (COPM).

Occupation refers to the groups of activities and tasks of everyday life, named, organised, and given value and meaning by individuals and a culture.

Occupation is everything people do to occupy themselves, including looking after themselves (self-care), enjoying life (leisure), and contributing to the social and economic fabric of their communities (productivity).

Occupational Performance refers to the ability to choose, organise, and satisfactorily perform meaningful occupations that are culturally defined and age appropriate for looking after oneself, enjoying life, and contributing to the social and economic fabric of a community.

Occupational Engagement relates to involving oneself or becoming occupied, participating in occupations.

Table 2: Definitions of occupation, occupational performance and engagement based on CMOP-E (Townsend, 1997; Townsend & Polatajko, 2007)

COPM is one tool that can be used to gain information about performance in school occupations, during a specific step of an occupation-based assessment focusing on occupational function. School-based occupations include not only academic schoolwork but also self-care and leisure activities (Hasselbusch, 2011); these are described in detail in Table 3.

School Occupations

School Work	School Self-care	School Leisure & Recreation
School work is a "child's job"; becoming a prominent part of their life; increasing expectation in terms of independence, quality of work and efficiency are part of moving up through the school years.	Children have to increasingly look after themselves & their belongings; an increasing level of independence is expected. Additionally, mobility & transportation are key school self-care components.	Students engage in leisure occupations during morning tea and lunch break ("recess breaks"). While some choices are given by the context, children occupy themselves in a variety of ways on their own and/or with peers.
Academic Work	Personal Care - looking after self & own needs (physical & non-physical)	Active Leisure
English - reading, handwriting, story writing, writing - worksheets (language, maths or others), writing with technology Maths - worksheets, working with manipulatives Art - drawing, painting, sculpturing, working with clay, acting, dancing Physical Education (PE) - core sports skills (catching, throwing, kicking a ball), athletics, gymnasitics, games	Personal Hygiene - washing hands, cleaning face, toileting, blowing nose, monitoring & maintaining appearances (e.g. hair) Eating & Drinking (lunch & snack time) - consuming lunch box/containers/wrappers, opening lunch box/containers/wrappers Dressing - putting shoes on, taking shoes off, donning & doffing clothes (e.g. jumper), getting changed for PE, clothing management (e.g. monitoring state of clothing)	General Sensorimotor Play - Running, walking & moving around school Playground - Using playground equipment (climbing, swinging, etc.), playing in sandpit Games & Play Activities - playing catch, skipping rope, pretend play Participating in Sports Games - playing ball games on school fields
School Work Components	Extended Care - Looking after own work space, materials & objects	Quiet Leisure
General Work Behaviour - listening to & following instructions, responding to questions, beginning - following through - finishing school work Work Behaviours - student working individually and/or independently, participation in class (e.g. contributing to class discussion) Working with Others - working with peers (same age, younger, older), working with adult (teacher, teacher aide, etc.) Care Works Tools - utilising pencil & paper, scissors, glue	Organisation of Desk & Material - prior to starting & during school tasks, gathering what is required, organisation of workspace Cleaning of Materials & Tools - after finishing a task, putting lid back on glue, throwing rest paper into rubbish bin Transportation of Books & Materials - carrying bag, gathering work material & tools Packing/Unpacking/Organising of School Bag (may take place at home or in school) - as required for school work on the day	Library - reading/looking at books/magazines Listening Activities - Listening to music/audiobooks Games - playing board games, cards games Play Activities (e.g. during indoor play time) - construction play
Non-Academic Work & Responsibilities - Looking after classroom	Functional Mobility - within classroom & school environment	Social Leisure - socialising with peers
Classroom Routine - roll call, standing/ waiting in line, "mat time" Duties - cleaning whiteboards, distributing & collecting worksheets, bringing messages/ notes to the office/ other classrooms Classroom Management - watering plants, opening/ closing windows, looking after "classroom pets", volunteering	Individual/Mobility - walking, standing, climbing stairs, transporting belongings/ objects (books, work materials, bag) Outdoor/Mobility - moving from one area or room to another, accessing school grounds, accessing playground area Indoor/Mobility - moving around classroom (without/ with traffic), walking down school corridor (without/ with traffic) Transfers & Transitions - pushing chair back or in, standing up from/ sitting down on chair, adjusting chair	Socialising with Peers - same/ different sex, same different age, engaging in indoor or outdoor play or other activities (see active & quiet leisure) Conversations - talking with peers and/or adults
Homework	Transportation - outside school boundaries	Solitary Leisure - spending time on his/ her own
Adults supported Homework - with parent or school staff, at home or in school setting Individual/Independent Homework - child on his/ her own, self-directed, at home or in school setting Homework with Peers - siblings or peers, at home or in school setting	Getting to & from School - walking or cycling to school, may include using a bus or car, in varying weather conditions (considering climate in country & seasonal changes) School Outings & Trips - transportation by bus or car, using public transport	Quiet Leisure Activities, done without peer engagement - e.g. reading, listening to music/ audiobook Active Leisure Activities, done without peer engagement - e.g. walking/ running around school grounds, accessing playground equipment

Table 3: Typical school occupations within mainstream primary schools (Please note that the list is not meant to be exhaustive by any means, but to provide examples of school occupations that can be included under each heading)

PROVISION OF BASIC INFORMATION ABOUT SCHOOL-BASED OCCUPATIONAL THERAPY

Prior to starting the administration of the COPM, it is useful to clarify with the parents, school staff and child / young person if they do know what school-based occupational therapy is. Some clients may have received occupational therapy prior to this point, while for others this might be the first time they have met an occupational therapist. In any case, the adults and children you encounter may have different ideas and expectations of what you will do and which type of service you provide. In particular if the child, parents and/or school staff are used to therapists withdrawing children from the classroom for therapy, or working with children after school in clinic-based settings, an outline of school-based services will be important. Rather than providing a generic explanation of what occupational therapists do, try to provide a specific description relevant to the services they will receive. The following explanation might assist school staff and parents / caregivers to get a better idea of what to request and expect from you as the practitioner:

"School is an important part of every child's life; however, some children have difficulties taking part in activities which are part of typical school life. Some children have difficulties keeping up with school work, others find it difficult to look after themselves and their belongings while at school, and some children find playing and socialising with others during break time particularly challenging. Occupational therapists, also called OTs, can help children to take part in the activities they find challenging, at school."

Providing an information brochure about school-based occupational therapy in easy-to-understand language might be also useful to facilitate parents' and school staff's understanding of the services provided and also their role within these services. In particular, "school-based" services, services taking place in the classroom and wider school environment might be a new concept. The above explanation might be difficult to understand for children and young people. A more concrete description with examples might be more useful, such as the following:

"Most people, grown-ups and children, find some things difficult to do. When I was little, I found throwing and catching a ball very tricky. I was not really good at the ball games we played in PE. There are a lot of things children do at school, for example their school work, getting changed for PE, eating a snack with their friends at morning break, playing and having a good time at break time. If there are things that are difficult to do, I am someone who can help to make it easier."

PROVISION OF RELEVANT INFORMATION ABOUT THE COPM

Sharing the purpose of an assessment tool with clients introduces the notion of "working together" (collaboration) as well as parents, school staff and child / young person holding expertise and having a right to make choices within the services they receive (client-centredness). In case of COPM, it also introduces the focus of school-based occupational therapy as enabling a child's participation in typical school occupations. The following statement might be used to introduce the COPM as assessment tool to school staff and parents / caregivers:

"I would like to use a tool called the Canadian Occupational Performance Measure, COPM for short, with you. The COPM is designed to help us to identify activities which are part of school life, which [name of child] wants to do, needs to do or is expected to do but currently has difficulties with. From these school activities I would like you to prioritise the ones you see as most important or are most concerned about and these will be the therapy goals. These goals will be areas we will work on together."

Prior to beginning a COPM interview with a child or your person, the following statement might outline what is going to happen:

"I would like to ask you some questions about school. I would like to find out what you do at school. I would like to know what you like doing at school, and what you do not like doing at school, or what you find hard to do."

COPM ADMINISTRATION STEP 1:

IDENTIFICATION OF OCCUPATIONAL PERFORMANCE ISSUES

Therapists should use a style of administration that is comfortable for them, appropriate for the school-based setting they work in and suitable for the parents, school staff and/or child / young person interviewed. While there is a considerable degree of flexibility in terms of how the interview is conducted, the overall structure of the conversation should be consistent with the Canadian Model of Occupational Performance and Engagement (CMOP-E) and client-centred practice.

It can be useful to ask parents and school staff to go through a typical school day to identify specific areas of difficulty. Following an initial conversation based on some open questions (see table 4 for sample open questions), the interviewing therapist may either follow the order of sections in the COPM recording form (self-care – school work – leisure) or pick up on the area most highlighted as an area of concern (e.g. "it appears that you are very concerned about your child's / student's ability to do his school work" – filling out the work section on rating

STEP 1: Identification of Performance Issues in School Occupations

Identify school occupations that child wants to do, needs to do or is expected to do as part of school life

Sample Open Questions:

- o Tell me about a typical school day / week for [name of child]?
 - o What are things about school life that [name of child] enjoys / likes?
 - o What are the activities, which are part of school life, that [name of child] finds tricky and struggles doing?
 - o Imagine we are sitting here talking in three months / six months / one year from now. What would you like your child / student to be able to do while at school?
- Sample Prompts to get more details:**
- o Could you tell me more about [activity X, e.g. getting around the classroom and wider school]?
 - o How about [activity X, e.g. PE, school assemblies, looking after and managing his / her work materials during school work]?
 - o What does [name of child] do during [time slot / activity X, e.g. break times – does s/he play with peers]?

STEP 2: Rating Importance of School Occupations Issues

Rate self-care activities, school work and leisure activities of importance within the school context which the child / young person struggles to perform at present

Sample Questions: "How important is it to you that your child / student will be able to do [activity X]?"

Prompt for Scoring: "A score of 1 means that being able to do this activity is not important at all, a score of 10 means that being able to do this activity is extremely important."

STEP 3A: Current Performance in School Occupations

Rate the child's / young person's ability to perform each of the previously identified and prioritised school activities

Sample Questions: "How would you rate your child's / student's current ability to do [activity X]?" ; "How well does your child / student do [activity X] at the moment?"

Prompt for Scoring: "A score of 1 means that your child / student is currently not able to do the activity at all, while a score of 10 means that you child / student is able to do the activity extremely well."

STEP 3B: Current Satisfaction with Performance in School Occupations

Rate satisfaction with child's current ability to perform each of the previously identified and prioritised school activities

Sample Questions: "How satisfied are you with the way your child / student is able to do [activity X] at the moment?" ; "How happy are you with your child's / student's current level of performance in [activity X]?"

Prompt for Scoring: "A score of 1 mean that you are not satisfied at all with your child's / student's ability to do this activity, a score of 10 means that you are extremely satisfied with how your child / student is currently able to do this school activity."

Table 4: Steps of semi-structured rating process – Parent / School staff interview (Law et al, 2005)

form first prior to moving to the other sections) to complete the rating process.

Either way, the interview can be structured using the school occupation areas identified in Table 3 to ensure that potential challenges in self-care, schoolwork and leisure have been addressed. Following the initial open questions of the interview, the therapist may choose to ask more closed and specific questions related to referral information or other prior information later during the interview. For example, the referral may have mentioned frequent falls but this issue was not mentioned during the COPM interview. Therefore the therapist might ask questions focusing on functional mobility (sub-heading under self-care) such as, "How does [child's name] manage to get from class to class?", "How does [child's name] manage the stairs?" or "How does [child's name] move around the classroom?". If, despite further probing, the clients do not highlight an area as causing concern, the therapist does not pursue it during the COPM interview, but may choose to raise it again during a later conversation.

COPM ADMINISTRATION STEPS 2 TO 3:

RATING IMPORTANCE, SCORING PERFORMANCE & SATISFACTION

Following the initial identification of a potentially high number of issues the child may have participating in and performing school activities, the therapist will guide the client (parents, school staff, child) to rate these identified issues in terms of their perceived importance. It is essential during this step that the therapist does not impose his or her views of importance on the client during the rating process. The therapist may like to check with the client(s) that the occupational performance issues with the highest importance score are really the ones that are the most important to them, for example "the following [activities X, Y, and Z - e.g. "getting organised for school work, cutting and gluing during maths work activities, and catching a ball in PE"] have the highest score in terms of importance. Are these the most important issues you would like to be addressed?".

The therapist may choose to suggest how many of the identified and prioritised performance issues in school occupations could be realistically addressed within the time and resources available. It is recommended that a maximum of five occupational performance issues is identified; however, the therapist may limit the number to two or three if that would be more realistic. If clients, in particular parents and/or school staff, feel a higher number of issues should be addressed, the therapist may like to suggest that once the first two or three goals are achieved, the other areas can be addressed in the order of prioritisation. Alternatively, the COPM administration process could be started again at that stage to identify

and prioritise new issues or priority areas that could be addressed.

The prioritised occupational performance issues are transferred into the initial assessment section, in order of importance. Each of the issues will be scored by the client in terms of their perceived performance and satisfaction. Regular reminders of the meaning associated with a score for each of the scoring scales can avoid confusion and incorrect scoring by clients.

COPM INTERVIEWING TECHNIQUES

Curtin (2001) expressed concerns that "though occupational therapists tend to be skilled at giving children a voice in treatment activities, involving children in defining the purpose of therapy is more challenging (p301). According to the manual, the COPM can be used effectively with children as young as eight and, with modifications, even younger children (Law et al, 2005). The COPM offers an opportunity to engage children more actively in the assessment and goal setting, and the subsequent intervention provided. Depending on the child's / young person's needs and abilities, the therapist may choose to talk to the adults and the child / young person separately. Younger children will need concrete stimuli and careful use of language to enable them to take part in setting goals for therapy (Missuna, Pollock & Law, 2004).

Determination of age and developmentally appropriate language, as well as other supports, such as gestures and signing, and pictorial support will be key prior to conducting a COPM interview. Younger children or children with specific disabilities may find it challenging to engage in a solely verbal-based interview. Use of images (line drawings, photos, etc.) of children doing different school activities might be useful as prompts facilitating conversation. Alternatively, a therapist may choose to draw together with a child to facilitate talking about what he/she does at school, and which of these activities are a "bit tricky". Another option might be asking a child to take pictures himself/herself of what he/she does at school over the course of a week or couple of days using a digital camera for children. Looking through these photos together offers an opportunity to talk and to ask questions about what the child does at school. Additionally, children and school staff might be encouraged to keep a diary of the main activities the child does in school the week prior to the interview or on selected days. Lastly, some established instruments such as the Pediatric Activity Card Sort (PACS) (Mandich, Polatajko, Miller & Baum, 2004), Perceived Efficacy and Goal Setting System (PEGS) (Missuna, Pollock & Law, 2004) or Talking Mats (University of Stirling, 2011) can be used to explore the child's

CONCLUSION

An occupation-based assessment is shaped by the specific practice context in which it is carried out; therefore, in schools the focus is on school occupations. Identifying and measuring occupation-based outcomes focuses school intervention on enabling a range of relevant school occupations. Beyond the traditional focus on improving handwriting abilities, occupational school-based intervention focuses on enabling a child's engagement and performance in schoolwork occupations, as well as self-care and leisure occupations within the school context.

Through the implementation of an occupation-based assessment this broader focus on school occupations within the school context is communicated to the client (parents, school staff, child / young person), so it facilitates the client's understanding of what school-based occupational therapy is and what school-based occupational therapy services will focus on: *Enabling the child's engagement and performance in typical school occupations*. The COPM is a useful assessment and evaluation tool which can be used to identify school-based occupational performance deficits, to set goals and to evaluate progress collaboratively with the client (school staff, child / young person). The occupational performance issues prioritised through the use of the COPM have the potential to direct and focus the school-based intervention on what is important to the parents, school staff and child / young person.

While effective and efficient use of the COPM in school-based occupational therapy requires practice, use of the COPM within the context of an occupation-based assessment process has the potential to facilitate proficient practice. Further familiarisation with the administration, usefulness and psychometric properties of the COPM is achievable through a wide range of journal articles and other available resources.

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COPM Resources available through the CAOT Store (www.caot.ca)

<p>COPM Manual / Form Kit (4th ed., published 2005)</p>	<p>COPM DVD Kit (revised ed., published 2000)</p>	<p>Research on the COPM: An annotated Resource (published 2006)</p>
<p>Manual entails key information about the administration and scoring, outlines psychometric properties and special applications; also includes the three rating scales and 100 measurement</p>	<p>Self-instructional programme to learn use of COPM using a 45 minute DVD and workbook; also includes COPM manual, the three scales and 100 forms</p>	<p>Overview of relevant research that has been published since the initial publication of the COPM, focuses on results and implications for use of COPM in research and practice</p>

Workshop during the COT-SS-CYPF Conference 2011

“Measuring Outcomes in School-based Occupational Therapy: Use of the Canadian Occupational Performance Measure in Practice”

Friday 18/11/2011, 1:30 to 2:15 pm

*Exhibition and Conference Centre,
University of West England (UWE), Bristol*