



# **Procedures for Determining Eligibility of Other Health Impairment (OHI)**

**August 2021**

These guidelines are intended for informational purposes only and specific questions should be directed to supervisors.

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## Preface

This second edition of Eaton RESA's Other Health Impairment Eligibility Guidelines took place over the course of a year and is the work of a committee comprised of School Psychologists, Social Workers, and Special Education Administrators.

Due to the increased number of children identified as Other Health Impairment (OHI), it has become one of the fastest growing disability categories in Eaton RESA and across the state. There is also an increased concern with it resulting in an over-identification of students with an Other Health Impairment. These guidelines will help teams to not misidentify, mislabel or program unnecessarily while continuing to identify ways to meet the unique needs of the students in the least restrictive environment. These guidelines are intended for informational purposes only and specific questions should be directed to supervisors.

These guidelines will help develop greater consistency with the appropriate determination of special education eligibility. The results of this work will improve identification and services to the students and families within Eaton RESA.

## Introduction

The purpose of this document is to clarify criteria and provide guidance for the eligibility determination for students exhibiting an Other Health Impairment in the Eaton RESA. These criteria and guidance are consistent with the *Michigan Revised Administrative Rules for Special Education (MARSE)* and on the Individuals with Disabilities Education Act.

This document serves to clarify eligibility issues in order to ensure consistency among school districts within the regional education service agency, compliance with current special education laws, and the implementation of current "best" practices.

As part of an initial evaluation, IDEA states, in relevant part:

(A) A state educational agency, other state agency, or local educational agency shall conduct a full and individual initial evaluation in accordance with this paragraph and subsection (b), before the initial provision of special education and related services to a child with a disability under this part.

...

(C) Such initial evaluations shall consist of procedures -

- I. To determine whether a child is a "child with a disability"; and
- II. To determine the educational needs of such child.

20 USC §1414.

To be eligible as a "child with a disability" or a "student with a disability", the IDEA and MARSE rules state the IEP team must establish the following:

- (1) Results of the evaluation indicate that the student meets the specified criteria for an impairment in one or more areas of the impairment identified in the Act (in this case, an Other Health Impairment), and
- (2) As a result of that identified impairment, the student needs special education and related services

## Part 1. State and Federal Regulations

Michigan Rules: R 340.1709(a)	IDEA Federal Regulations: 34 CFR § 300.8(c)(9)
<p>Rule R 340.1709a "Other health impairment" defined; determination.</p> <p>Rule 9a</p> <p>(1) "Other health impairment" means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, which results in limited alertness with respect to the educational environment and to which both of the following provisions apply:</p> <p>(a) Is due to chronic or acute health problems such as any of the following</p> <ul style="list-style-type: none"> <li>(i) Asthma</li> <li>(ii) Attention deficit disorder</li> <li>(iii) Attention deficit hyperactivity disorder</li> <li>(iv) Diabetes</li> <li>(v) Epilepsy</li> <li>(vi) A heart condition</li> <li>(vii) Hemophilia</li> <li>(viii) Lead poisoning</li> <li>(ix) Leukemia</li> <li>(x) Nephritis</li> <li>(xi) Rheumatic fever</li> <li>(xii) Sickle cell anemia</li> </ul> <p>(b) The impairment adversely affects a student's educational performance</p> <p>(2) A determination of disability shall be based upon a full and individual evaluation by a multidisciplinary evaluation team, which shall include 1 of the following persons:</p> <ul style="list-style-type: none"> <li>(a) An orthopedic surgeon</li> <li>(b) An internist</li> <li>(c) A neurologist</li> <li>(d) A pediatrician</li> <li>(e) A family physician or any other approved physician as defined in 1978 PA 368, MCL 333.1101 et seq.</li> </ul>	<p>(9) Other health impairment means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that-</p> <ul style="list-style-type: none"> <li>(i) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and</li> <li>(ii) Adversely affects a child's educational performance.</li> </ul>

Please note:

Neither list above is exhaustive. Further, while the Michigan Rule does not explicitly reference the federal OHI regulation inclusion of Tourette syndrome, Tourette syndrome is likely a "chronic and acute health problem." In adding Tourette syndrome to the OHI list of health problems, the USDOE hoped to address the misperception that this syndrome was an emotional disorder.

Per USDOE-Office of Civil Rights July 2021, Long COVID under Section 504 and the IDEA:

A child or student experiencing long COVID or other conditions that have arisen as a result of COVID-19 may be eligible for special education and related services under IDEA and/or may be entitled to protections and services under Section 504. Some children and students who were already identified as having a disability under IDEA and/or Section 504 and who have contracted COVID-19 may experience new or worsened symptoms related to their pre-existing disability, to COVID-19 or both. If these symptoms persist in the form of long COVID, these children or students may need new or different related aids and services, specialized instruction, or reasonable modifications. Other children or students may be found eligible for services under IDEA and/or Section 504 for the first time because of the adverse impact of long COVID on the child's educational achievement and functioning (IDEA) or if long COVID

substantially limits one or more of the student's major life activities (Section 504).

Eligibility Under IDEA: To be eligible for special education and related services under Part B, the child must be evaluated and determined to be a child who has a disability and who requires specialized services as defined under IDEA. For example, under the IDEA Part B regulations, a child may be eligible for special education and related services based on having an "other health impairment" if the child has limited strength, vitality, or alertness due to a chronic or acute health problem that adversely affects the child's educational performance. To be eligible for early intervention services under IDEA Part C, an infant or toddler must receive a comprehensive, multidisciplinary evaluation and meet the State's eligibility criteria. For example, infants with severe post-COVID conditions could, based on evaluation data, have developmental delays that make them eligible for early intervention services.

Long COVID impacts children and students in a variety of ways, and therefore, the determination of whether a child or student is eligible for IDEA and/or Section 504 services must be made on an individual basis following existing procedure in those laws and their implementing regulations.

Per Public Act 210 of 2011, a physician's assistant who is supervised by a licensed physician is also allowed to fulfill the role of the medical member of the multidisciplinary evaluation team.

#### Essential Components of Other Health Impairment Eligibility Criteria

To be considered eligible for OHI, the IEP team must be able to demonstrate that the student has: 1.) a chronic or acute health problem, and

2.) the chronic or acute health problem results in limited strength, vitality, or alertness, and

3.) 1 and 2 result in an adverse impact on the student's educational performance, to the point that the student requires special education programs and services.

## Part 2. Guidelines for Determining an Other Health Impairment

### What is an Other Health Impairment?

Health problems which result in medications, treatments, therapies, frequent doctor's appointments, or repeated hospitalizations can impact the student's ability to learn and function at school. Health problems may significantly impact academic, behavioral, social, or emotional functioning. A student with such a condition may be eligible for special education services under the Other Health Impairment (OHI).

### Primary Components for Other Health Impairment Determination

Documentation of the following three primary components for determination of an Other Health Impairment must be considered by the individualized education program team:

- Limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, which results in limited alertness with respect to the school environment.
- Chronic or acute health problems for the student diagnosed by a physician.
- Degree to which the health problems adversely affects educational performance to the extent that special education is necessary.

### Guidelines to Use when Determining Eligibility Using the OHI Criteria:

- A medical diagnosis **alone** is insufficient to determine eligibility for special education services.
- Teams must establish and document a link between the chronic or acute health problem and its adverse impact on a pupil's educational performance in order for a student to be determined eligible under OHI criteria.
- Students with medical diagnoses should not automatically be considered as a student with an Other Health Impairment. Teams are advised to focus on the student's presenting problems in conjunction with a full and individual evaluation to determine eligibility.
- Students with some medical diagnoses may demonstrate educational needs that may lead teams to consider eligibility in other categories (e.g. Cognitive Impairment, Emotional Impairment, Physical Impairment, and Traumatic Brain Injury).
- When the health problem is medically managed and the student can successfully participate in school, then the student may not need special education services under OHI.
- Students with health impairments who are ineligible for special education services may need to be evaluated under Section 504 of the Rehabilitation Act.

### Prohibition of School Personnel to Require Medication:

20 USC 1412(a)(25), states, in part:

1. In general - The State educational agency shall prohibit State and local educational agency personnel from requiring a child to obtain a prescription for a substance covered by the Controlled Substances Act (21 U.S.C. 801 et seq.) as a condition of attending school, receiving an evaluation under subsection (a) or (c) of section 614, or receiving services under this title.

In a letter dated October 22, 2007, William Knudsen, Acting Deputy Secretary of the Office of Special Education and Rehabilitation Services, provided a response to the question, "Can school personnel require a parent to provide medication to their child?" The response is clear in the interpretation of the federal statute. "School personnel can make assessments and recommendations based on the child's behavior about the child's needs for evaluation under Part B of IDEA and the child's need for special education and related services. Educational services, however, cannot be conditioned upon a parent's decision to medicate his or her child."

<u>An Other Health Impairment <b>CAN BE...</b></u>	<u>An Other Health Impairment <b>IS NOT ...</b></u>
<ul style="list-style-type: none"> <li>• A disability due to an identified health problem with symptoms that have a moderate to severe impact on educational performance</li> <li>• A health problem that has a direct causal relationship to the student's inability to access the general education curriculum.</li> <li>• A health problem, which results in excessive absences from school or classroom for specialized treatment and interferes with the student's ability to maintain satisfactory academic progress in comparison to peers.</li> <li>• A health problem which requires specialized treatments during the school day and interferes with the student's ability to complete classroom assignments within timelines comparable to peers.</li> <li>• A health problem, which causes fatigue interfering with the student's ability to remain on task and sustain effort to complete tasks at a level comparable to peers.</li> <li>• A chronic or acute health problem resulting in a level of pain that causes limited endurance, strength, or increased fatigue and distractibility.</li> <li>• A level of distractibility and/or impulsivity that interferes with a student's ability to attend during classroom instruction, or consistently organize his materials for class and come to class prepared in comparison to peers.</li> <li>• A level of impulsivity that interferes with a student's ability to focus and complete activity-based classroom projects in comparison to peers.</li> <li>• An impairment requiring a complete individual evaluation by an IEP team, just like other impairment categories.</li> <li>• A wide range of options and service needs ranging from constant to intermittent.</li> <li>• Requires a focus on presenting problems or issues (not automatic entitlements).</li> </ul>	<ul style="list-style-type: none"> <li>• A default category if the child does not meet the eligibility criteria for another impairment.</li> <li>• Primarily due to behavioral/emotional concerns.</li> <li>• An automatic entitlement for students with a diagnosed health problem (<b>e.g.</b>, ADHD).</li> <li>• A way to avoid difficult discussions about eligibility (e.g., labels).</li> <li>• A lack of progress attributable to motivational concerns not directly linked to the health problem.</li> <li>• An eligibility category used when there is no causal link between the lack of educational progress and the identified health problem.</li> <li>• An eligibility category used when the presenting health problem manifests as significant cognitive, motor or behavioral concerns which may lead the team to consider other eligibility criteria.</li> <li>• The only impairment category for students with mental health diagnoses.</li> <li>• Primarily due to active substance abuse (alcohol or other drugs).</li> <li>• A disability more accurately described by another impairment.</li> </ul>

## Part 3. Possible Factors Before Considering Special Education

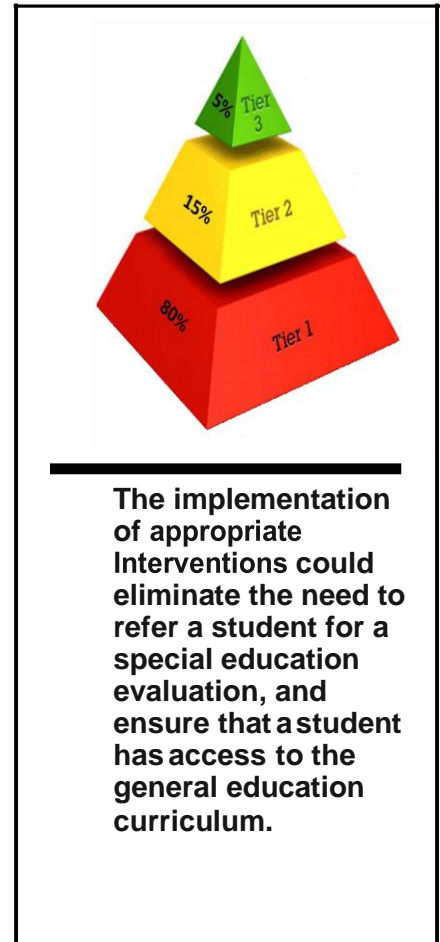
If a school suspects that a student is a student with a disability, it must initiate an evaluation. The intervention process cannot be used to delay an evaluation or to determine special education eligibility.

### Response to Intervention

The local school staff has the responsibility to intervene with multiple methods of support when a student presents with educational challenges including challenges related to a health problem. The school must carefully plan, implement, and document a student's response to intervention strategies to measure the effectiveness of the intervention. It is recommended that a building-level professional support team ascertains a child's educational strengths, difficulties, and needs within the educational environment. Baseline data is collected for a student, and data is also collected for the duration of the intervention to determine the effectiveness of the intervention.

The intervention process is a means to ensure that appropriate assistance and interventions are attempted before further determination is made regarding the determination of special education eligibility. Interventions may include supplemental materials, modification of instructional strategies, positive behavior and intervention supports, a functional behavior assessment, or other strategies provided within the general education setting, which may suffice to meet a student's needs.

***Please note, the Intervention process cannot delay the determination of special education eligibility.*** Rather it is a means to ensure other appropriate assistance and interventions have been attempted before further determination is made about the existence of a disability.



In some instances, following careful analysis of interventions and accommodations, the district may decide to assess the student's eligibility under Section 504 of the Rehabilitation Act of 1973.



## Part 4. OHI Evaluation Process

### Review of Existing Evaluation Data (REED)



The team reviews the existing data available regarding the student and determines what additional data is needed in order to make a determination regarding whether the student is eligible or continues to meet eligibility to receive services under the Individuals with Disabilities Education Act (IDEA) which may include, but is not limited to:

#### Examples of additional data that may be necessary:

- Cognitive ability
- Academic achievement
- Systematic direct observation with control student and timed data
- General Education teacher report
- Parent and student input
- Parent and teacher behavior rating scales
- Medical information:

For initial evaluation, if no current medical information, complete "Prescription OHI Letter" in MiPSE and "Release of information document in MiPSE for consent to obtain physician input.

For re-evaluations must include a review of the previous OHI Physician statement on file to determine whether or not eligibility is in question. If there is no such documentation, an updated physician statement must be obtained.

- Physical Therapy Assessment
- Occupational Therapy Assessment
- Other assessment information as determined by team

#### REED Considerations:

- Parent consent is required for evaluation
  - Provide parents a copy of the signed REED and a copy of *the Special Education Parent Handbook and Procedural Safeguards*.
- Set 1EP date (within 30 school days).

## Part 5. Data to be considered in Determining Eligibility

### Components of the Evaluation Process

Regulations require review of "current classroom-based, local, or State assessments, and classroom-based observations, including observations by teachers and related service providers. See §300.305(a)(1).

#### Input: Parent, Teacher, Student

Responsibilities of participants in this process are:

1. **Parent** - Provides information about the student through informal and formal input (e.g., outside agency assessments, services, educationally relevant medical history). They must be afforded the opportunity to receive ongoing assessment results and student progress.
2. **General Education Teacher** - Identifies and documents the student's Instructional level relative to appropriate instructional outcomes, learning progressions, resources and interventions attempted, and the student's performance level relative to classroom peers. This provides evidence of appropriate instruction and documents the student's inadequate achievement.
3. **Special Education Provider** - Reports on student progress towards IEP goals and objectives, any relevant observation and other input as it relates to the student's present level of performance and need for specialized instruction.
4. **Student** - Identifies individual strengths, weaknesses, relative difficulty of classes, and personal perceptions of school, as appropriate based on the student's age and needs.

#### Observation of Student Performance in the School Environment

Observation should occur over time, in multiple settings, and at different times of the day. In addition, comparative observation data must be obtained from general education classroom peers during the same observation periods to control for environmental factors.

These observations must document how the health impairment impacts a student's strengths, vitality or alertness, including a heightened alertness to environmental stimuli, which results in limited alertness with respect to the educational environment and educational performance or access to the general education curriculum.

#### Guidance for Addressing Input from Outside Reports

There may be situations in which the recommendations from outside reports may be clinically meaningful but do not impact school performance. The definition of an Other Health Impairment must be associated with a medical diagnosis. Schools must adhere to definitions of an Other Health Impairment from federal regulations and state rules. Educational criteria of a disability requires extensive documentation of classroom performance which is usually absent from an outside agency report. It is entirely possible for an individual to have characteristics of a disability and not be eligible for special education because the student is able to benefit from instruction in general education without special education programs and services.

Teams must consider the information and recommendations from outside reports. However, this does not mean that the team must accept all recommendations as directions for their actions. A medical diagnosis

alone is not sufficient to determine eligibility. The team has the responsibility to review the information relative to federal regulations and state rules to determine special education eligibility.

## **Role of the Physician - Medical and Other External Reports**

Michigan Administrative Rule for Special Education R 340.1709a(2), states:

- (2) A determination of disability shall be based upon a full and individual evaluation by a multidisciplinary evaluation team, which shall include 1 of the following persons:
- (a) An orthopedic surgeon
  - (b) An internist
  - (c) A neurologist
  - (d) A pediatrician
  - (e) A family physician or any other approved physician as defined in 1978 PA 368, MCL333.1101 et seq

A physician (or physician's assistant) is a required participant in the multidisciplinary evaluation process (MD, DO, or PA only). The physician contributes a written, signed, and dated statement of the medical diagnosis of a health problem, if one exists. The statement may include (when appropriate), a description of medical procedures to support the student.

The physician (or physician assistant) statement may be more efficiently obtained by having the parent sign a release of information form. The school psychologist or other MET Team member may then fax the release of Information and Prescription OHI Letter directly to the physician's office. It is important to communicate the date the information needed is to be returned.

## Part 6. Recommended Assessments

The team that reviews the existing evaluation data determines which assessments are needed to determine eligibility and to rule out different areas of eligibility. Examples include, but are not limited to:

FORMAL ASSESSMENT TYPE	FORMAL ASSESSMENT SUGGESTIONS (Evaluation Tool Must be Based on Needs/Abilities of Individual Student)
<p align="center"><b>Cognitive Assessment</b> (administered by the school psychologist)</p>	<p>Wechsler Intelligence Scale for Children (WISC) Wechsler Preschool and Primary Scale of Intelligence (WPPSI) Wechsler Adult Intelligence Scale (WAIS) Wechsler Abbreviated Scale of Intelligence (WASI) Kaufman Assessment Battery for Children (K-ABC) Kaufman Brief Intelligence Test (K-BIT) Bayley Scales of Infant and Toddler Development (Bayley)</p>
<p align="center"><b>Achievement Assessment</b> (typically administered by the school psychologist or other qualified staff)</p>	<p>Wechsler Individual Achievement Test (WIAT) Kaufman Test of Educational Achievement (KTEA) Diagnostic Achievement Battery (DAB Comprehensive Test of Phonological Processing (CTOPP) Kaufman Survey of Early Academic and Language Skills (K-SEALS) Test of Early Written Language (TEWL) Test of Early Reading Ability (TERA) Test of Early Mathematics Ability (TEMA) Test of Written Language (TOWL) KeyMath (KeyMath) Woodcock Johnson Achievement (WJA)</p>
<p align="center"><b>Rating Scales</b> (conducted by the school social worker or other qualified staff)</p>	<p>Behavior Assessment System for Children (BASC) Conners Rating Scale Revised (Conners) Achenbach</p>
<p align="center"><b>Systematic Direct Observation</b> (conducted by SSW, school psychologist, or TC)</p>	<ul style="list-style-type: none"> <li>- Must complete at least 2 separate observations</li> <li>- Observation must occur in setting &amp; subject student is having difficulty</li> <li>- Second observation must occur in setting where behaviors are least exhibited by student</li> <li>- Must be timed and at least 30 minutes in length for each observation</li> </ul>
<p align="center"><b>** Diagnostic Opinion</b></p>	<ul style="list-style-type: none"> <li>- Documentation of a health impairment must be obtained by a physician. (Use the Prescription OHI Letter to obtain the information needed from the student's physician.)</li> </ul>

## Part 7. Reevaluations and Termination of Eligibility

IDEA requires districts to reevaluate eligibility for special education at least once every three years. All members of a student's individualized education program team have a responsibility to consider a reevaluation to re determine eligibility at any time when the student's health problem no longer adversely impacts educational performance or the student's parent or teacher requests a reevaluation.

Eligibility may be In question if ...	Eligibility is likely not In question if ...
The medical condition has stabilized to the extent the student may no longer need special education support related to his/her health problem.	There appears to be no change in the medical condition and the IEP team has data to support the need for continued special education services.
The student may be better described by another eligibility area.	No other disability category needs to be considered.

Under IDEA 2004, some students may not need a re-evaluation *by medical personnel* to document its continuing presence. School re-evaluations for such children would focus on whether the health problem continues to result in limitations in strength, vitality, or alertness adversely impacting educational performance to the point of requiring special education, whether any additional data is needed for review/revision of the IEP, and whether additional data is needed to determine goals, objectives, and supports for the student. If the District determines a reevaluation is not needed, be sure to seek consensus with the parents, otherwise a reevaluation must occur. Circumstances when a reevaluation is not necessary should be the exception, not the rule.

If, following an evaluation and proper notice, the IEP Team determines that the student is no longer eligible for special education and related services, but the health problem still requires individual accommodations/interventions in the educational setting, a 504 plan should be considered.

## Part 8. Clarification of Terminology and Definitions

### Clarification

#### of Terminology within Michigan Eligibility Criteria

**Limited strength, vitality, alertness or heightened alertness to environmental stimuli:** Only one of the conditions must apply in any individual student. There is no official definition of these terms, either at the federal or state level. The following definitions are provided in an effort to ensure consistency in decision-making, but the team should not rely solely on the definitions below in making a determination:

- **Strength:** Bodily or muscular power, vigor, durability related to decreased capacity to perform school activities, tires easily, chronic absenteeism related to the health problem. Limited strength may manifest in a lack of, or limitation in physical tolerance.  
*For instance:* Can the student sit or stand as required by school activities, or hold a pencil or use other tools? Does the student fall asleep or require frequent rest breaks due to a medical condition?
- **Vitality:** Physical or mental strength, capacity for endurance, energy, animation and activity. Limited vitality may manifest in decreased focus on tasks, decreased endurance (limited time on task), lethargy and decreased tolerance.  
*For instance:* A student might have the strength to sit up or hold a pen, but might not have the energy to complete the task at hand.
- **Alertness:** The inability to maintain awareness, vigilance, mindfulness, or attentiveness. This may be caused by external stimuli in the environment or an internal inability to maintain focus. Limited alertness may manifest in: limited time on task, concentration, distractedness, ability to follow directions or rules, memory, impulsivity.  
*For Instance:* Is the student aware of surroundings and the activities going on? Does he/she have the mental acuity to participate in the lesson/activity? Does the student have heightened sensitivity to environmental stimuli resulting in diminished educational performance?

**Chronic or acute health problem:** Note there is no specified length of time for the health problem to be present or to continue. Students with chronic health problems may need intermittent services, especially if their illness is cyclical or may recur, necessitating additional treatment. If it can be determined whether the problem is chronic or acute, it may be helpful in programming decisions.

- **Chronic:** Includes a health problem that is long term and is either not curable or has residual features that result in limitations in functions of daily living requiring special assistance or adaptations, **OR**, a disease or disorder that develops slowly and persists for a long period of time - often for the remainder of the life span. Examples include, but are not limited to, epilepsy, sickle cell anemia, leukemia, diabetes or autoimmune diseases.
- **Acute:** A disease or disease symptom that begins abruptly and with marked intensity then subsides after a relatively short period of time (e.g., Crohn's disease, kidney diseases, conditions that require an organ transplant), **OR** a health problem with rapid onset, severe symptoms, and a short course. Sequelae, however, may be short-term or persistent. Sequelae are conditions that follow and result from a disease (e.g., a child who had meningitis may suffer from sequelae such as motor problems and cognitive impairment).

**Adversely affecting a child's educational performance:** A health problem may adversely affect educational performance when achievement, behavior or access to the curriculum is different from peers, or requires special medical attention. Factors to consider may include, but are not limited to: frequent hospitalizations, specialized health care procedures, or medications that significantly affect learning.

**Definition of Terms:** The following definitions are provided in an effort to ensure consistency in decision-making, but the team should not rely solely on the definitions below in making a determination:

**Excessive Absenteeism**

The student is noted to have absences that interfere with academic progress and participation in school activities. Absences seem to be the result of hospitalizations, medical treatments, surgeries, or illness. Example: Student is absent 1-2 days per week for chemotherapy treatment and blood transfusions. He is unable to "catch up" with peers in work completion as absences are consistent and ongoing.

**Executive Functioning**

In general, executive functioning is a collection of related yet distinct abilities that provide for intentional, goal directed, problem-solving action. Eight general components of executive functioning include, but are not limited to:

**Working memory and recall** - holding facts in mind while manipulating information; accessing facts stored in long-term memory, apply sense of time.

**Activation, arousal, and effort** - get started, pay attention, and finish work

**Control emotions** - tolerate frustration, think before acting or speaking

**Internalize language** - use "self-talk" to control one's behavior and direct future actions **Complex problem-solving** - take issue apart, analyze the pieces, reconstitute and organize it into new ideas

**Shift, Inhibit** - change activities, stop existing activity, stop and think before acting and speaking

**Organize/plan ahead**- organize time, projects, materials, possessions

**Monitor**- self-monitor and self-prompt

**Limited Endurance**

The inability to maintain effort caused by a lack of resilience or stamina.

**Specialized Healthcare Procedures**

Medically related services necessary during the school day prescribed by the student's licensed physician. These procedures require training for the individual who performs them. Examples include catheterization, gastric tube feeding, postural drainage, tracheostomy care, oxygen administration, ostomy care, and the administration of medications: oral, inhaled, injected or IV.



## Appendix A.

### Frequently Asked Questions

1. ***Is a physician's report that includes a diagnosis sufficient documentation for "physician participation" for a reevaluation that may terminate eligibility?***

**Yes.** If it is suspected that a student no longer has a health problem and may be ineligible, a physician is a required MET member for eligibility.

2. ***Are all students with a medical diagnosis eligible for special education and related services in the category of Other Health Impairment?***

**No.** A medical diagnosis of any type does not automatically qualify a student for special education. The condition must create limited strength, vitality, alertness or heightened alertness to environmental stimuli that has an adverse impact on the student's ability to benefit from general education. In all cases, a documented link between the student's health problem and an adverse impact on educational performance is required. The decision whether a student is eligible is made by the IEP Team based on all the available information.

3. ***Can school personnel require a parent to provide medication to a child as a condition of attending school, receiving an evaluation, or receiving special education services?***

**No.** The School Code and Federal regulations prohibit school personnel from requiring a parent to obtain a prescription for medication for a child as a condition of attending school, receiving an evaluation to determine eligibility, or receiving special education services.

4. ***Do all students with ADHD require special education and/or related services?***

**No.** As with a medical diagnosis, the presence of the condition is not sufficient by itself to meet the criteria of eligibility. For students with ADHD who are not eligible for special education, adaptations in the general education setting are often required and are documented in a 504 plan.

5. ***Can a student with an IEP who has chronic fatigue syndrome or a catastrophic health issue, such as cancer, be educated at home? How are graduation/diploma issues addressed?***

**Yes.** When a health issue or medical treatments result in the student being medically confined to the home or hospital by his or her doctor, "homebound services" are provided. These services enable the student to continue to progress towards IEP goals and in the general education curriculum. A student's health problem cannot prevent access to earning credits or attaining a diploma.

6. ***Is a signed release of information from a parent/guardian required when requesting information from a health-care provider?***

**Yes.** School personnel must have informed consent to request and share student health information with a student's physician or other health-care providers, (including nurse practitioners, dentists, psychologists and physical therapists). School personnel will submit a signed release of information

that includes the School District to the health-care provider in order to allow the exchange of information with school staff.

This means that the student's parents/guardian or In some cases, the student himself, must always give informed consent when school personnel request information from a physician for evaluation or planning purposes. This is true whether the information that is released is a document, oral communication, or electronic transmission. The signed release should be placed in the educational record so that it is accessible if questioned by the parent, student, school personnel, or health care professionals.

**7. How is data indicating adverse impact on educational performance documented?**

Adverse impact on educational performance can be documented in several ways including, but not limited to, teacher reports indicating diminished performance in fine or gross motor skills, work completion, academic skill development, ability to attend and profit from instruction, negative impacts on behavior, grades, performance on district assessments, parent input, observations, rating scales and achievement tests.

**8. Is it sufficient to have a medical diagnosis of a health problem that results in limited strength, vitality or alertness which results in an adverse impact on functional performance?**

**No.** As a result of a diagnosed health problem and the limited strength, vitality or alertness which results in an adverse impact on educational performance, the student **also must require** special education (i.e. specially designed instruction) in order to be found eligible. If the needs can be addressed through accommodations in general education, the student may not meet the eligibility criteria for special education.

**9. Does poor handwriting or sensory processing difficulties alone, qualify someone as OHI?**

**No.** No single measure alone qualifies a student for special education services. To qualify a student under OHI means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, which results in limited alertness with respect to the educational environment, is due to a chronic or acute health problem (diagnosed by a physician), and the impairment adversely affects a student's educational performance.

**10. When do we look at a 504 plan?**

A 504 plan, which refers to Section 504 of the Rehabilitation Act, should be considered if school personnel suspect that a student has a physical or mental impairment that substantially limits a major life activity. Often, students will undergo simultaneous IDEA and 504 evaluations. A student who is IDEA-eligible, however, will have all of his or her needs addressed through IEP, and there is no need for a separate 504 plan.

**A. What is the difference between the definition of Section 504 and IDEA?**

The definition of a disability under Section 504 is much broader than the eligibility under IDEA, which has 13 disability category.

## Appendix B. Sample Interview Questions for Parent & Physician

### Questions for Parent

**Obtain Information on limitations in the child's strength, vitality, or alertness due to specific health problem including, but not limited to:** Written questionnaires and oral interviews with parents, treating physicians/physician assistants, teachers, and students, as appropriate.

#### Sample Interview Questions

- Parent:
  - Were there problems you were observing that led you to consult with a physician on whether there was a medical/health problem?
  - Follow up on whether initial presentation involved symptoms of compromised strength, vitality or alertness.
  
- Treating physician/physician assistant:
  - What reported/observed symptoms did you rely upon in making diagnosis?
  
- Parent/treating physician or physician assistant:
  - How is [health problem] currently affecting [child's] daily life?
  - Before symptoms noted and diagnosis made, what kinds of physical activities did [child] enjoy?
  - What impact, if any, does [health problem] have on the child's current participation in physical activities? School work? Socially? Other activities?
  - Does health problem have any current impact on child's energy/stamina?
  - Does the health problem affect how the child performs on activities that require mental focus, paying attention to specific details?
  - Under what circumstances might the health problem affect strength? Vitality (energy/stamina)? Alertness?

## Appendix C. Systematic Interview & Observations

**Notice: This Form is used to collect data *only* and cannot be used as the basis for determining eligibility or ruling out eligibility.**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ School: \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_ Physician: \_\_\_\_\_ Diagnosis Date: \_\_\_\_\_

- Information is gathered from both Interview (I) and Observation (O).
- For each item, place the appropriate number in the box:  
     (1) Adequate (2) Adequate with accommodations (3) Area of concern
- This documentation should include descriptive, narrative examples of the educational concern, and list any current accommodations.

Interview Date:	Observation Date(s):
Person(s) Interviewed:	Observation Setting(s):
Completed By:	Completed By:
Title:	Title:

**PHYSICAL ABILITY**

I	O	
		limited physical strength resulting in decreased capacity to perform school activities:
		limited endurance resulting in decreased stamina and decreased ability to maintain performance:
		level of pain results in decreased ability to perform or maintain performance:

ALERTNESS Heightened or diminished alertness resulting in impaired abilities.

I	0	
		Prioritizing environmental stimuli:
		Maintaining focus/sustaining effort:
		Accuracy of completed task:

**ORGANIZATION SKILLS**

I	0	
		Materials (has materials when needed, physical organization of space and materials):
		Written work (organized on page in sequential manner, i.e., name at top, items in logical order, capitalization, paragraphs, etc.):
		Thoughts (tells thoughts/stories sequentially-beginning, middle, end, stays on topic):

**WORK COMPLETION WITHIN ROUTINE TIMELINES**

I	0	
		Self-Initiates (ability to independently begin a task):
		Displays on-task behavior (ability to continue working on a task):
		Follows directions (given to the entire class without individual assistance):

		Homework (independently keeps track of assignments, completes them and hands them in on time):
		Participates in group activities:
		Work Completion (unassisted, adult assisted, peer assisted):

**INDEPENDENCE**

I	0	
		Movement through school environment (gets to destination without support needed due to strength, endurance, behavior, or attention):
		Clothing/bathroom/lunchroom (can manage these self-care activities without assistance):
		Motoric management of materials (books, notes, pencil, scissors, desk, locker):
		Level of self-advocacy(requests help, can tell others about disability and needed accommodations and modifications):

**PEER INTERACTION**

I	0	
		Student with peers:
		Peers with student:

INTERFERING BEHAVIORS

1	0	
		Distracting to self and others:
		Impulsive behavior:
		Other behaviors of concern:

## Observation of Behavior Chart

**Notice: This Form is used to collect data *only* and cannot be used as the basis for determining eligibility or ruling out eligibility.**

The Observation of Behavior Chart on the following page collects engaged time on-task and off-task behaviors within various school settings Classroom observations provide information about the child's behaviors compared to the classroom norm by gender. The frequency of the class scan can be done at the discretion of the observer.

Two considerations essential to obtaining accurate data are:

- 1) The observation is discrete and conducted in a way that does not alter the natural environment, and;
- 2) The behavior being observed must be concrete and measurable

- Step 2:** At the beginning of the observation, record the setting and environment in which the observation is taking place. If the setting type changes during the observation, indicate the new setting and when it changed by marking the interval.
- Step 3:** Using a stopwatch, record the behavior of the student when the motor, verbal, or passive off-task behavior is observed for more than 3 continuous seconds Mark the appropriate 15 second interval box with an X.
- Step 4:** During the observation period it is helpful to note group size/assistance (e.g. independent work, small group, one-to-one with an adult) on the interval
- Step 5:** Following the observation, count the number of off-task behaviors observed for the referred student and for the comparison peer. A total of 80 intervals are possible on one observation chart.
- Step 6:** Divide the number of intervals marked with an "X" by the total number of intervals to obtain a percentage of time off-task of each behavior.

### Legend and Definition

Code	Term	Examples of Behavior to Record If Greater than 3 Seconds In Duration
<b>M</b>	Motor Off-Task	out of seat, fidgeting or playing with objects, tapping pencils/hands on desk, throwing objects, hitting
<b>V</b>	Verbal Off-Task	making noises, humming, singing, blurt out, talking without being called upon, talking to someone when prohibited
<b>P</b>	Passive Off-Task	looking away from work or the teacher for more than 3 seconds during direct instruction, staring off, looking around the classroom or out the window, delay initiation of assigned task



## Observation of Behavior Chart

- M** Motor off-task behaviors: Excessive motor movement, fidgeting with items, tapping pencil/hands on desk
- P** Passive off-task behaviors: Staring off, not attending to task
- V** Verbal off-task behaviors: Talking, blurting

Behaviors		1				2				3				4				5				
		15	30	45	60	15	30	45	60	15	30	45	60	15	30	45	60	15	30	45	60	
<b>M</b>	S																					
	C																					
<b>P</b>	S																					
	C																					
<b>V</b>	S																					
	C																					
<b>M</b>	S																					
	C																					
<b>P</b>	S																					
	C																					
<b>V</b>	S																					
	C																					

		1				2				3				4				5			
Behaviors		15	30	45	60	15	30	45	60	15	30	45	60	15	30	45	60	15	30	45	60
		<b>M</b>	S																		
	C																				
<b>P</b>	S																				
	C																				
<b>V</b>	S																				
	C																				
<b>M</b>	S																				
	C																				
<b>P</b>	S																				
	C																				
<b>V</b>	S																				
	C																				

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