

Eaton Regional Education Service Agency

Procedures for Determining Eligibility of Other Health Impairment (OHI)



August 2013

Introduction

The purpose of this document is to provide criteria and guidance for the determination of eligibility for students exhibiting an Other Health Impairment in the Eaton RESA. These criteria and guidance are based on the *Michigan Revised Administrative Rules for Special Education (MARSE)* (October 2011) and on the Individuals with Disabilities Education Act (IDEA 2004).

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.

In general, as part of an initial evaluation, IDEA-2004 Section 614 states:

- (1) 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.
- (2) Such initial evaluations shall consist of procedures –
 - a. To determine whether a child is a “child with a disability” (as defined in section 602); and
 - b. To determine the educational needs of such child.

To be eligible as a “student with a disability”, IDEA-2004 Section 602 and the *Michigan Revised Administrative Rules for Special Education (MARSE)* (October 2011) 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.

Table of Contents

Part 1.	State and Federal Regulations	4
Part 2.	Guidelines for Determining an Other Health Impairment (OHI)	5
Part 3.	Factors Before Considering Special Education	7
Part 4a.	OHI Initial Referral Process - Flowchart	8
Part 4b.	OHI Initial Referral Process – REED	9
Part 4c.	OHI Redetermination Process	10
Part 5.	Evaluation Documentation and Findings	11
Part 6.	Recommended Assessments	13
Part 7.	Termination of Eligibility	14
Part 8.	Clarification of Terminology and Definitions	15
Appendix A.	Frequently Asked Questions	17
Appendix B.	Release of Medical Information Letter	20
Appendix C.	Authorized Release / Exchange of Information	21
Appendix D.	Medical Opinion for Other Health Impairment	22
Appendix E.	Guidance for Determining Extent of Adverse Impact on Educational Performance	23
References	References	24

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. 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"> (i) Asthma (ii) Attention deficit disorder (iii) Attention deficit hyperactivity disorder (iv) Diabetes (v) Epilepsy (vi) A heart condition (vii) Hemophilia (viii) Lead poisoning (ix) Leukemia (x) Nephritis (xi) Rheumatic fever (xii) Sickle cell anemia <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"> (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, MCL 333.1101 et seq. 	<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"> (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 (ii) Adversely affects a child's educational performance.

*PUBLIC HEALTH CODE (EXCERPT) Act 368 of 1978 (333.1101 short title.) **Sec. 1101.** This act shall be known and may be cited as the “public health code.”

“333.17011 License or authorization required; granting license to individuals meeting certain requirements; prohibition; conditions for granting license; use of words, titles, or letters. (1) An individual shall not engage in the practice of medicine or practice as a physician's assistant unless licensed or otherwise authorized by this article. An individual shall not engage in teaching or research that requires the practice of medicine unless the individual is licensed or otherwise authorized by this article....(5) Except as otherwise provided in this subsection, the following words, titles, or letters or a combination thereof, with or without qualifying words or phrases, are restricted in use only to those individuals authorized under this part to use the terms and in a way prescribed in this part: “doctor of medicine”, “MD”, “physician's assistant”, and “PA”. Notwithstanding section16261, an individual who was specially trained at an institution of higher education in this state to assist a physician in the field of orthopedics and, upon completion of training, received a 2-year associate of science degree as an orthopedic physician's assistant before January 1, 1977 may use the title of “orthopedic physician's assistant” whether or not the individual is licensed under this part.”

From: 2009 Legislative Council, State of Michigan

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, and 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 considered for special education services under 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 the 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, 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.

Prohibition of School Personnel to Require Medication

Federal Statute, 612(a)(25), states, in part:

- | |
|---|
| <ol style="list-style-type: none">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 CAN BE...</u>	<u>An Other Health Impairment IS NOT ...</u>
<ul style="list-style-type: none"> • A disability due to an identified health problem with symptoms that have a moderate to severe impact on educational performance. • A health problem that has a direct causal relationship to the student's inability to access the general education curriculum. • 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. • 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. • 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. • A chronic or acute health problem resulting in a level of pain that causes limited endurance, strength, or increased fatigue and distractibility. • 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. • A level of impulsivity that interferes with a student's ability to focus and complete activity-based classroom projects in comparison to peers. • An impairment requiring a complete individual evaluation by an IEP team, just like other impairment categories. • A wide range of option and service needs ranging from constant to intermittent. • Requires a focus on presenting problems or issues (not automatic entitlements). 	<ul style="list-style-type: none"> • A default category if the child does not meet eligibility criteria for another impairment. • Primarily due to behavioral/emotional concerns. • An automatic entitlement for students with a diagnosed health problem (e.g., ADHD). • A way to avoid difficult discussions about eligibility (e.g., labels). • A lack of progress attributable to motivational concerns not directly linked to the health problem. • An eligibility category used if the student's academic/developmental progress is at a level comparable to peers. • An eligibility category used when there is no causal link between the lack of educational progress and the identified health problem. • 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. • Generally the impairment category for students with mental health diagnoses. • Primarily due to active substance abuse (alcohol or other drugs). • A disability more accurately described by another impairment.

A portion from: Special Education Eligibility Criteria and Evaluation for Other Health Impairment (OHI). (August, 2009). Wisconsin Department of Public Instruction.

Part 3. Factors Before Considering Special Education

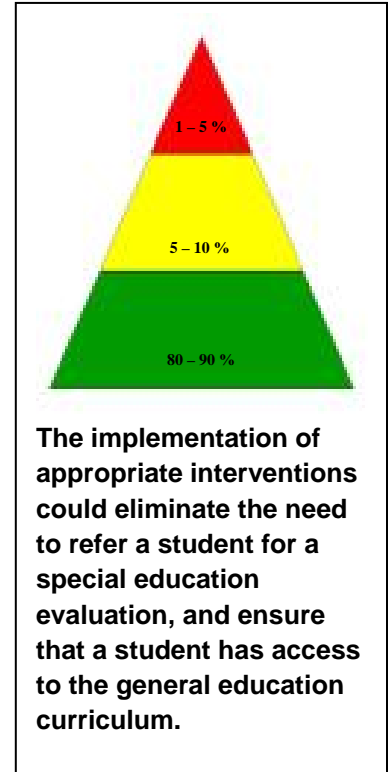
Response to Intervention

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. Included in these early intervening strategies are students who have a health problem. It is recommended that a building-level professional support team ascertains a child's educational strengths, difficulties, and needs within the educational environment. All interventions should be in place, with well-documented data, for at least six (6) to nine (9) weeks. "Well-documented" denotes that baseline data has been collected for a student prior to attempting an intervention, and that data is collected for the duration of the intervention to clearly show results. All interventions should be implemented with fidelity for at least six to nine weeks.

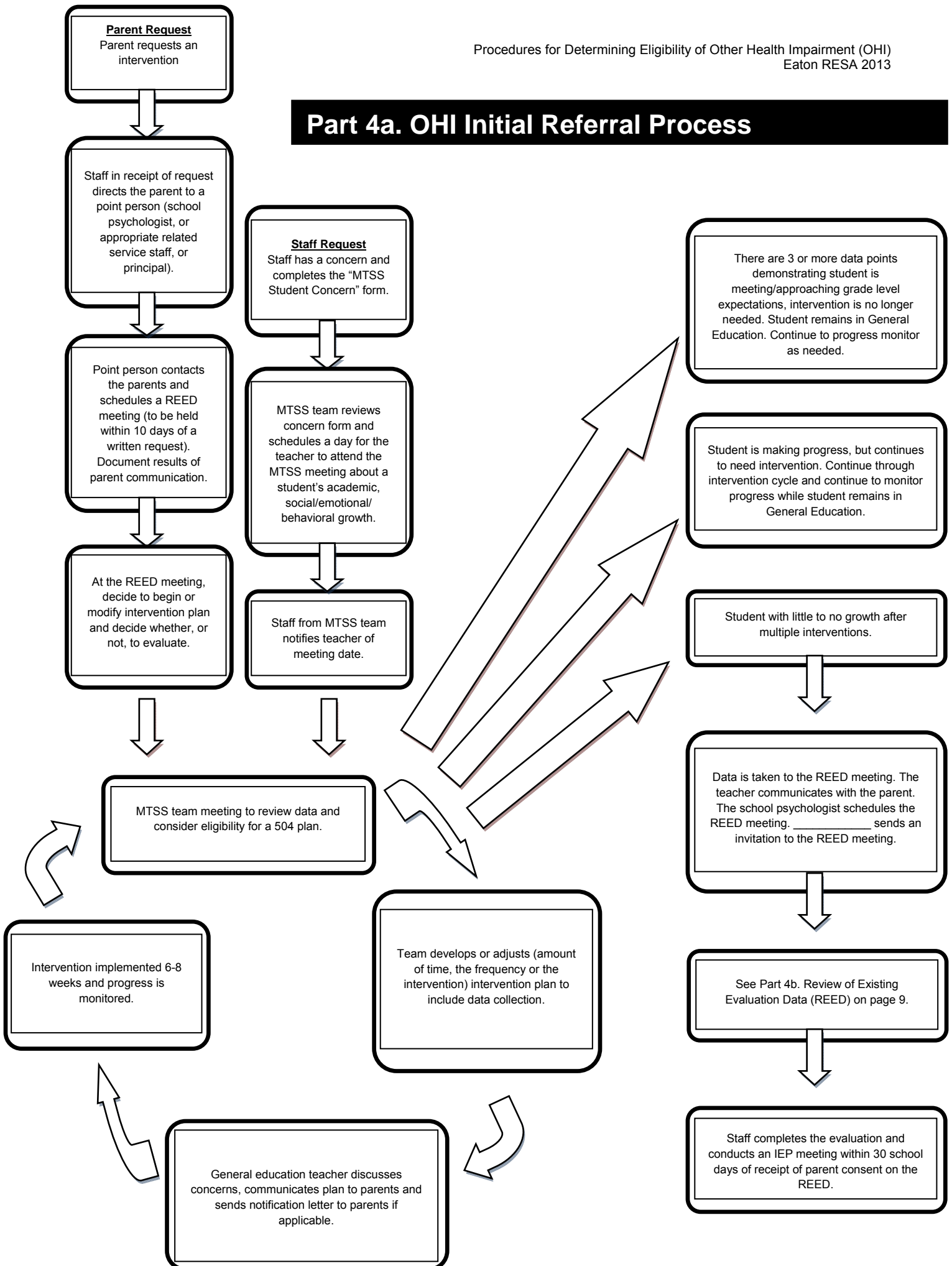
The intervention process is a means to ensure that appropriate assistance and interventions are attempted before further determination is made regarding the determination of special education eligibility. Interventions may include supplemental materials, modification of instructional strategies, positive 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 is not intended to 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 Americans with Disabilities Act.



Part 4a. OHI Initial Referral Process



Part 4b. OHI Initial Referral Process

Review of Existing Evaluation Data (REED)



The team (as stated on page 13) 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 to receive services under the Individuals with Disabilities Education Act (IDEA) which may include:



OHI: ADD/ADHD



- IQ (if deemed necessary)
- Achievement
- Systematic Direct Observation (SDO) – with control student and timed data (as deemed necessary)
- General Education Teacher Report
- Parental and Student Input
- Standardized Parent and Teacher ADD/ADHD Rating Scales (if deemed necessary)
- Release of Information
- Diagnostic Opinion OHI Letter
- Occupational Therapy (OT) / Physical Therapy (PT) Assessment (if needed)
- Other Assessments/Information needs as determined by REED team



OHI Other (i.e. asthma, diabetic, etc.)



- IQ (if deemed necessary)
- Achievement
- Systematic Direct Observation (SDO) – with control student and timed data (as deemed necessary)
- General Education Teacher Report
- Parental and Student Input
- Release of Information
- Diagnostic Opinion OHI Letter
- Occupational Therapy (OT) / Physical Therapy (PT) Assessment (if needed)
- Other Assessments/Information needs as determined by the REED team

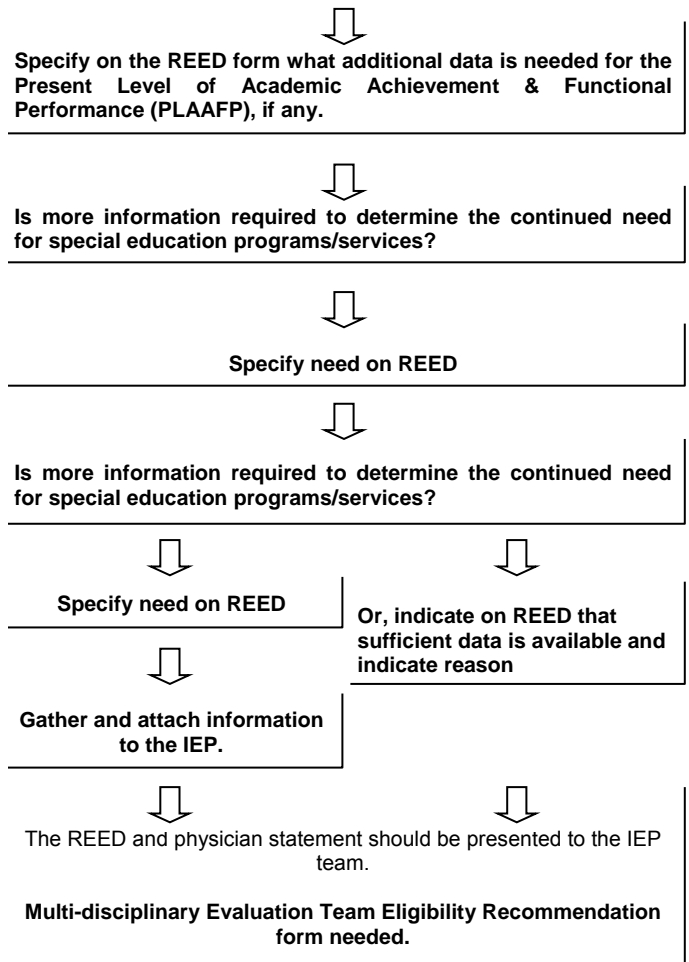
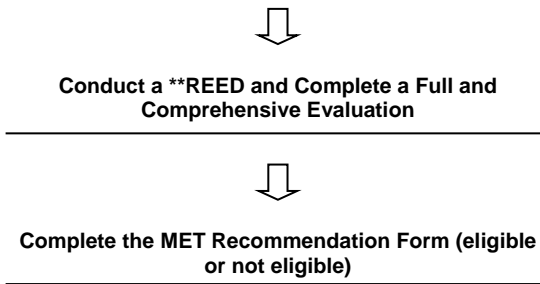


Considerations at the REED Meeting:

- Complete “Release of Medical Information Letter” (See Appendix B) and “Authorized Release/Exchange of Information” (See Appendix C) for consent of sending RESA’s “Medical Opinion for Other Health Impairment” (See Appendix D) to gather agency reports.
- Set IEP date while at the REED (within 30 school days).
- Parent must sign and receive a copy of the REED as notice to the intent of the district.
- The ISD Multi-Evaluation Team Leader gives completed REED form to the local special education secretary within two days.
- Parents are provided a copy of *the Special Education Parent Handbook and Procedural Safeguards*.
- By day 25 of the IEP timeline, if there is no OHI Physician Verification form, request parent consent on an IEP Extension form. If unable to obtain parent consent for an extension, convene the MET/IEP team meeting and determine there is insufficient data and the IEP determines the student is ineligible.

Part 4c. OHI Redetermination Process

Eligibility should be in question if ...	Eligibility may not be in question if ...
<ul style="list-style-type: none"> □ The medical condition has stabilized so much so that the student may no longer need special education support related to his/her health condition. 	<ul style="list-style-type: none"> □ 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.
<ul style="list-style-type: none"> □ The medical condition has changed (i.e. is no longer a factor, has lessened, or progressed) so much so that a student's school performance has changed positively or negatively and the need for special education is in question. 	<ul style="list-style-type: none"> □ Review the physician statement to assure that additional information is not needed from the student's health care providers.
<ul style="list-style-type: none"> □ The student is regularly attending school and is progressing in the area of academics, as well as participating (socially, behaviorally, and physically) at the same rate as his/her general education peers. For these reasons he/she may no longer need special education support related to his/her health condition. 	<ul style="list-style-type: none"> □ The student continues to demonstrate a lack of meaningful and productive participation in school and/or demonstrates reduced efficiency in school work as it relates to the identified health condition.
<ul style="list-style-type: none"> □ The student may be better described by another eligibility area. 	<ul style="list-style-type: none"> □ No other disability category needs to be considered.



**** The review of existing evaluation data needs to include review of the previous OHI Physician statement on file to determine whether or not there is documentation of a "lifelong disability". If there is no such documentation, an updated OHI Physician statement must be obtained.**

Part 5. Evaluation Documentation and Findings

Components of the Evaluation Process

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. **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. **Student** – Identifies individual strengths, weaknesses, relative difficulty of classes, and personal perceptions of school. This input is optional, but may prove beneficial to the evaluation.

Observation of Student Performance in the School Environment

Observation of behaviorally defined target behaviors 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. Observation data obtained on the referred child must be **significantly discrepant** from the comparison control group.

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

When presented with reports from outside agencies that pose a diagnosis of a specific medical condition, there are steps the team may consider to ensure that decisions of the school are consistent with Michigan rule requirements. There may be situations in which the recommendations from outside reports may be clinically meaningful but not relevant to the schools. 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. 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 is a required participant in the multidisciplinary evaluation process (MD or DO only). The physician contributes a written, signed, and dated (within 1 year) 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's statement may be more efficiently obtained by contacting the physician's office, speaking directly with the physician or staff, and faxing the release of information and an Other Health Impairment physician's statement to the physician to sign and date. 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:

FORMAL ASSESSMENT TYPE	FORMAL ASSESSMENT RECOMMENDATIONS
<p>Cognitive Assessment (administered by the school psychologist)</p>	<p>Wechsler Intelligence Scale for Children (WISC-IV) Wechsler Preschool and Primary Scale of Intelligence (WPPSI-3) Wechsler Adult Intelligence Scale Fourth Edition (WAIS-IV) Wechsler Abbreviated Scale of Intelligence (WASI) Kaufman Assessment Battery for Children (K-ABC-II) Kaufman Brief Intelligence Test (K-BIT-II) Bayley Scales of Infant and Toddler Development 3rd Ed. (Bayley-III)</p>
<p>Achievement Assessment (typically administered by the school psychologist or other qualified staff)</p>	<p>Wechsler Individual Achievement Test (WIAT) Kaufman Test of Educational Achievement (KTEA-II) Diagnostic Achievement Battery Third Edition (DAB-3) Comprehensive Test of Phonological Processing 2nd Ed. (CTOPP-2) Kaufman Survey of Early Academic and Language Skills (K-SEALS) Test of Early Written Language Second Edition (TEWL-2) Test of Early Reading Ability Third Edition (TERA-3) Test of Early Mathematics Ability (TEMA-3) Test of Written Language Fourth Edition (TOWL-4) KeyMath Third Edition (KeyMath-3) Woodcock Johnson III Achievement</p>
<p>Rating Scales (conducted by the school social worker or other qualified staff)</p>	<p>Behavior Assessment System for Children Second Edition (BASC-2) Conner's Rating Scale Revised (Conner's-R) Achenbach</p>
<p>Systematic Direct Observation (conducted by SSW, school psychologist, or TC)</p>	<ul style="list-style-type: none"> - Must complete at least 2 separate observations - Observation must occur in setting & subject student is having difficulty - Second observation must occur in setting where behaviors are least exhibited by student - Must be timed and at least 30 minutes in length for each observation - Must gather data on control student at the same time
<p>** Diagnostic Opinion</p>	<ul style="list-style-type: none"> - Documentation of a health impairment must be obtained by a physician. (Use the "Medical Opinion for Other Health Impairment" form to obtain the information needed from the student's physician.)

Part 7. Termination of Eligibility

Termination of Eligibility

All members of a student's individualized education program team have a responsibility to consider a reevaluation at any time when the student's health problem no longer adversely impacts educational performance.

Eligibility should be in question if ...	Eligibility may not be 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 medical condition has changed (i.e. is no longer a factor, has lessened, or progressed) to the extent a student's school performance has changed positively or negatively and the need for special education is in question.	
The student is regularly attending school and is progressing in the area of academics, as well as participating (socially, behaviorally, and physically) at the same rate as his/her general education peers. For these reasons special education may no longer be necessary to support needs related to the health problem.	The student continues to demonstrate a lack of meaningful and productive participation in school and/or demonstrates reduced efficiency in school work as it relates to the identified health problem.
The student may be better described by another eligibility area.	No other disability category needs to be considered.

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 Americans with Disabilities Act.

Part 8. Clarification of Terminology and Definitions

Clarification of Terminology within Michigan Eligibility Criteria

1. **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 clarify these conditions:
 - **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 and mental strength, capacity for endurance, energy, animation and activity. There is overlap in the meanings of these three terms. 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: 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?
2. **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:** 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 are epilepsy, sickle cell anemia, leukemia, diabetes or some 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).
3. **Adversely affecting a child's educational performance:** A health problem adversely affects educational performance when achievement, behavior or access to the curriculum is significantly different from peers, or so severe that special medical attention is regularly needed. Factors to consider may include: frequent hospitalizations, specialized health care procedures, or medications that significantly affect learning. A child whose health problem does not significantly interfere with day-to-day functioning within the educational setting would not be eligible for special education services. While some degree of subjectivity is inherent in the diagnostic process, the *Guidance for Determining Extent of Adverse Impact on Educational Performance* (Appendix E) is intended to serve as a tool when analyzing the severity of the impairment.

Definition of Terms

Excessive Absenteeism

The student is noted to have consistent or intermittent absences that interfere with academic progress and participation in school activities. Absences must 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:

Working memory and recall – hold facts in mind while manipulating information, access facts stored in long-term memory, apply sense of time.

Activation, arousal, and effort – get started, pay attention, 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 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, tracheotomy 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 an initial evaluation?***

Yes. The report may be used when it is dated within one year of the IEP. The "Medical Opinion for Other Health Impairment" documentation form is also required.

- 2. *Is a physician's report required documentation for "physician participation" for a reevaluation?***

Yes. In an effort to address the over identification of Other Health Impairment Special Education eligibility in the county, all redeterminations of eligibility (unless there is documentation on previous form of a lifelong condition) must include a current (within one year) medical verification.

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

Yes. Not only is Eaton County requiring updated physician's statements for redetermining eligibility, 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.

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

No. There are students in all special education eligibility categories that have a medical diagnosis. A medical diagnosis of any type does not automatically qualify a student for special education. The health problem must create limited strength, vitality, alertness or heightened alertness to environmental stimuli that has a negative 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.

- 5. *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.

- 6. *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. In many cases, no supports beyond general education interventions are needed to assure success for the student. In some cases, adaptations in the general education setting are required and are documented in a 504 plan.

- 7. *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 health issues or medical treatments result in diminished endurance or tolerance, or a compromised immune system, homebound services may be considered. While receiving homebound services, academic needs are met with goals, and the student continues to access and make progress in the curriculum. A student's health problem cannot prevent access to earning credits or attaining a diploma.

8. 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, school personnel, or health care professionals.

9. How are the observable, measurable indicators of limited strength, vitality, alertness and heightened alertness documented?

The observable, measurable indicators of the student's strength, vitality and alertness can be documented by:

- a. Medical verification by a physician
- b. Written documentation of classroom observations and teacher checklists
- c. Student performance in more than one setting

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

Adverse impact on educational performance can be documented in several ways including 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 (See Worksheet "Guidance for Determining Extent of Educational Impact on Performance" on Appendix E).

11. 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.

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

No. 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.

13. When do we look at a 504 plan?

A 504 plan, which refers to Section 504 of the Rehabilitation Act and the Americans with Disabilities Act, should be considered prior to making a child eligible under IDEA for special services. If a child can progress through the general curriculum with accommodations alone, the student would receive the accommodations under a 504 Plan vs. an IEP.

A. How does a student qualify to receive accommodations under a 504 Plan?

To be qualified under section 504, a student must be determined to:

- have a physical or mental impairment that substantially limits one or more major life activities;

- have a record of such an impairment, **or**
- be regarded as having such an impairment.

B. How does a student qualify to receive services under IDEA?

IDEA is a federal funding statute whose purpose is to provide financial aid to states in their efforts to ensure adequate and appropriate services for disabled children.

IDEA identifies specific categories of qualifying conditions. A student is eligible to receive IDEA services if the multidisciplinary team determines that the student is disabled under one of the qualifying conditions and requires special education. "Appropriate education" means a program designed to provide "educational benefit."

IDEA often requires the provision of programs and services in addition to those available to persons without disabilities. It requires a written and specific IEP document.

C. 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 definition under IDEA. All IDEA students are also covered by Section 504, but not all Section 504 students are eligible for services under IDEA.

Appendix B. Release of Medical Information Letter

Date: _____

Dear: _____

As you already know, your child _____
Birth Date _____ has been referred for an evaluation to determine eligibility under
the category of _____. One part of this
evaluation is an opinion from your doctor regarding a diagnosis. **Without the medical
component, the evaluation will not be complete.** If it has been more than a year since your
child has seen the doctor, please schedule an appointment so that the information is current.

Enclosed is a release of medical information form. **Please sign and return it in the envelope
provided, and I will send for the required information.**

Sincerely,

Title

Contact Number: _____

Appendix C. Authorized Release/Exchange of Information



Eaton RESA

1790 E. Packard Hwy., Charlotte, Michigan 48813
517-543-5500 * Fax - 517-543-5166

AUTHORIZED RELEASE/EXCHANGE OF INFORMATION

Name: _____ **Date of Birth:** _____
Parent/Guardian: _____ **Home Phone:** _____
Address: _____
City/State/Zip: _____

I hereby give permission for exchange of verbal, written and/or electronic information between DISTRCT and:

Name: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____ Fax: _____

I understand that my signature authorizes both parties to exchange any and all pertinent data noted below, including psychometric and psychiatric studies, speech, medical and other information designated as "confidential". Data may include information pertaining to the areas indicated below:

Most Recent	History		Most Recent	History		Most Recent	History	
<input type="checkbox"/>	<input type="checkbox"/>	CA-60 Student File	<input type="checkbox"/>	<input type="checkbox"/>	OT/PT Reports	<input type="checkbox"/>	<input type="checkbox"/>	Psychiatric
<input type="checkbox"/>	<input type="checkbox"/>	IEP / IFSP	<input type="checkbox"/>	<input type="checkbox"/>	Speech/Language Reports	<input type="checkbox"/>	<input type="checkbox"/>	Vision/Hearing Reports
<input type="checkbox"/>	<input type="checkbox"/>	Birth Certificate	<input type="checkbox"/>	<input type="checkbox"/>	Social/Developmental History	<input type="checkbox"/>	<input type="checkbox"/>	Academic/Educational Reports
<input type="checkbox"/>	<input type="checkbox"/>	Immunizations	<input type="checkbox"/>	<input type="checkbox"/>	Social Work	<input type="checkbox"/>	<input type="checkbox"/>	Assistive Technology
<input type="checkbox"/>	<input type="checkbox"/>	Psychological Reports	<input type="checkbox"/>	<input type="checkbox"/>	Behavior Plan	<input type="checkbox"/>	<input type="checkbox"/>	Eligibility Reports
<input type="checkbox"/>	<input type="checkbox"/>	Substance Abuse Records	<input type="checkbox"/>	<input type="checkbox"/>	Court Related Reports	<input type="checkbox"/>	<input type="checkbox"/>	Other
<input type="checkbox"/>	<input type="checkbox"/>	Early Childhood Reports	<input type="checkbox"/>	<input type="checkbox"/>	Health/Medical Records			

The purpose and need for such disclosure is: Educational Planning Other

Please send information to:

I am authorized to release such information as a parent with custody or legally authorized guardian. My authorization is voluntary and shall be effective for one (1) year from the date this form. I can revoke this authorization at any time. Revocations must be made in writing and sent to the address listed at the top of this form. Revocations will not apply to information that already has been released. I also understand that re-disclosure of this information to a party other than the one designated above is forbidden without additional written authorization on my part.

Parent/Guardian Signature

Witness

Date

Date

Appendix D. Medical Opinion for Other Health Impairment



Eaton RESA

1790 E. Packard Hwy., Charlotte, Michigan 48813
517-543-5500 * Fax - 517-543-5166

MEDICAL OPINION FOR OTHER HEALTH IMPAIRMENT

The Michigan Administrative Rules for Special Education require a medical evaluation for the multidisciplinary evaluation team determination of "Other health impairment". It is necessary to have the physician's name, area of specialty, and the student's medical diagnosis.

Please complete the following in order to help determine eligibility for special education services.

Date Requested: _____

Physician: _____
Practice Name: _____
Address: _____
City, State, Zip: _____
Phone: _____

Student: _____ Date of Birth: _____
District/School: _____ Parents: _____
Home address: _____ City, State, Zip: _____

Please indicate this student's diagnosed health problem:

<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Lead Poisoning
<input type="checkbox"/>	Attention deficit disorder	<input type="checkbox"/>	Leukemia
<input type="checkbox"/>	Attention deficit hyperactivity disorder	<input type="checkbox"/>	Nephritis
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Rheumatic fever
<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Sickle cell anemia
<input type="checkbox"/>	A heart condition	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Hemophilia		

ICD-9 Code: _____

I consider this health problem to be: Chronic Acute

Is this a lifelong medical condition? Yes No

Physician's Comments: _____

Physician's Signature _____ Date _____

- An orthopedic surgeon.
- An internist.
- A neurologist.
- A pediatrician.
- A family physician.
- A psychiatrist.
- Other:

Sincerely, _____ Title _____ Phone: _____

Appendix E. Guidance for Determining Extent of Adverse Impact on Educational Performance



OHI

Guidance for Determining Extent of Adverse Impact on Educational Performance

Student _____ Diagnosed Chronic/Acute Health Problem _____ Date _____

ASSESSMENT AREA	IMPACT			
	NONE	MILD	MODERATE	SEVERE
Achievement: Curriculum Based Measure, benchmark Criterion-referenced (see reverse)	<input type="checkbox"/> CBM: At or above 25 th percentile <input type="checkbox"/> Criterion-Referenced – Published (e.g. QRI): At or above grade level <input type="checkbox"/> Criterion-Referenced – Teacher Constructed: Meets Grade Expectations (80 - 100%)	<input type="checkbox"/> CBM: 10 th – 24 th percentile <input type="checkbox"/> Criterion-Referenced – Published (e.g. QRI): 0.5 – 1.0 grade levels below grade placement <input type="checkbox"/> Criterion-Referenced – Teacher Constructed: Progressing Toward Grade Expectations (70 – 79%)	<input type="checkbox"/> CBM: 6 th – 9 th percentile <input type="checkbox"/> Criterion-Referenced – Published (e.g. QRI): 1.0 – 1.5 grade levels below grade placement <input type="checkbox"/> Criterion-Referenced – Teacher Constructed: Not Meeting Grade Expectations (<70%)	<input type="checkbox"/> CBM: Below 6 th percentile <input type="checkbox"/> Criterion-Referenced – Published (e.g. QRI): 2.0 grade levels below grade placement <input type="checkbox"/> Criterion-Referenced – Teacher Constructed: Not Meeting Grade Expectations (<50%)
Achievement: Norm referenced	<input type="checkbox"/> At or above 25 th percentile	<input type="checkbox"/> 10 th – 24 th percentile	<input type="checkbox"/> 6 th – 9 th percentile	<input type="checkbox"/> Below 6 th percentile
Achievement: MEAP	<input type="checkbox"/> MEAP 1 or 2		<input type="checkbox"/> MEAP 3	<input type="checkbox"/> MEAP 4
Achievement: Report Card Grades	<input type="checkbox"/> "Satisfactory" or "Meets Expectations"; Advanced	<input type="checkbox"/> "Making Progress"; Proficient	<input type="checkbox"/> "Needs Improvement"	<input type="checkbox"/> Mostly D,E, "Needs Improvement", Unsatisfactory; Emerging
Teacher Behavior Checklist: (e.g. Achenbach, Conners, BASC-2, etc) *** More than 1 teacher	<input type="checkbox"/> Inattention, Hyperactivity, Impulsivity, and/or Executive Functions scales are within normal limits in all settings.	<input type="checkbox"/> Inattention, Hyperactivity, Impulsivity, and/or Executive Functions scales are within normal limits in all settings.	<input type="checkbox"/> Inattention, Hyperactivity, Impulsivity, and/or Executive Functions scales are within borderline/at-risk limits in most/all settings.	<input type="checkbox"/> Inattention, Hyperactivity, Impulsivity, and/or Executive Functions scales are within clinically significant range in most/all settings.
Structured Classroom Observations* related to strength, vitality, and/or alertness (see definition page 15) **more than one (1)	<input type="checkbox"/> Similar to typical same gender classmates	<input type="checkbox"/> Mildly different (may be periodic) from same gender classmates	<input type="checkbox"/> Moderately different from same gender classmates (e.g., over 50% of observations)	<input type="checkbox"/> Severely different from same gender classmates (e.g., over 75% of observations)
Attendance Log: Related to medical diagnosis	<input type="checkbox"/> 0 – 10 days absent per school year	<input type="checkbox"/> 10 – 20 days absent per school year	<input type="checkbox"/> 20 – 28 days absent per school year	<input type="checkbox"/> Over 28 days absent per school year
Access to the General Education Curriculum	<input type="checkbox"/> Health problem does not interfere with day-to-day functioning and learning	<input type="checkbox"/> Health problem may interfere with learning due to occasional episodes or crises	<input type="checkbox"/> Health problem consistently limits opportunity to participate in activities and interferes with learning	<input type="checkbox"/> Health problem severely interferes with participation and learning and may require medical care
Summary of Adverse Effect on Educational Performance*			*number of boxes checked:	*number of boxes checked:

* A recommendation for special education eligibility may be considered **only** when the adverse impact on educational performance is Moderate or Severe. Typically three or more boxes would be checked in the Moderate and/or Severe categories. Professional judgment is required. A preponderance of data is needed to determine the extent of the health problem's adverse impact on educational performance.

References

Guidance for the Determination of Other Health Impairment. (August 2012). Lapeer County Intermediate School District

Guidelines for Students with Other Health Impairment. (September 2011). Genesee County Association of Special Education Administrators

Individuals with Disabilities Act. (2006). Federal Register, Department of Education

Michigan Administrative Rules for Special Education. (2009). Michigan Department of Education, Office of Special Education and Early Intervention Services

Muskegon Area Intermediate School District OHI Criteria for Eligibility. Muskegon Area Intermediate School District. MI

Procedures for Determining Eligibility of Other Health Impairment (OHI). (September 2012). Montcalm Area Intermediate School District

Special Education Eligibility Criteria and Evaluation for Other Health Impairment (OHI). (August 2009). Wisconsin Department of Public Instruction