Guidelines for Students with Other Health Impairments R340.1709a

Criteria for Eligibility

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Genesee County Association of Special Education Administrators

INTRODUCTION

The purpose of this document is to provide guidance and criteria for the determination of eligibility for students exhibiting Other Health Impairments (OHI). These criteria are based on the Michigan Revised Administrative Rules for Special Education (November 2002) and on the Individuals with Disabilities Education Improvement Act of 2004.

This document serves to clarify eligibility criteria in order to assure consistency among schools/teams, compliance with current special education laws, and the implementation of current “best” practices.

Database documentation is a key element for the determination of Other Health Impairment eligibility within the Genesee Intermediate School District.

DEFINITION OF OTHER HEALTH IMPAIRMENT (OHI)

The Individuals with Disabilities Education Act (IDEA) and the Michigan Administrative Rules for Special Education (November 2002) provide the process required in the identification of students with other health impairments.

R340.1709a Other health impairments defined; determination

Rule 9a. (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:

(a) Is due to chronic or acute health problems such as any of the following:
   - (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

(b) The impairment adversely affects a student's educational performance.

(2) A determination of disability shall be based upon a comprehensive evaluation by a multidisciplinary evaluation team, which shall include one 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, MCL 333.1101 et seq.

EVALUATION DOCUMENTATION AND FINDINGS

The following information is required to determine eligibility for special education as a student having an other health impairment and must be documented in the evaluation report:

1) Relevant Medical Information

There must be a medical diagnosis documented in writing by a physician as listed in R340.1709a(2).

2) Assessing Functional Impact of Suspected Health Impairment on Educational Performance

The achievement level of the student must be documented through measures such as standardized achievement tests, classroom assessments, and state or district tests. The evaluation team should consider a range of standardized assessments and curriculum based evaluations that would accurately reflect actual achievement level.

Additionally, classroom performance, work completion and production, and grades should be considered.

A data-driven assessment of the student's competencies is required. Depending on the specific health impairment the data should include information regarding: attendance, academic skills, interpersonal skills, study skills, and classroom engagement.

These results 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.

3) Relevant Behavior Observations

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.

4) Information from Parents

The IDEIA states: the agency proposing to conduct an initial evaluation to determine if a child qualifies as a child with a disability…must obtain an informed consent from the parent. Furthermore, upon completion of the administration of assessment and other evaluation measures, the determination of whether the child is a child with a disability…shall be made by a team of qualified professionals and the parent of the child.

Parental input should include a developmental history of the child, relevant medical information, and information relating to the child's social, emotional, and educational progress.

EVALUATIONS

When an evaluation of a child suspected of having an other health impairment is considered, a Review of Existing Evaluation Data (REED) will be developed and parent consent to evaluate obtained.

As part of any special education evaluation, IDEIA states a team must:

> *(1) Review existing evaluation data on the child, including evaluations and information provided by the parents of the child, current classroom-based assessments and observations, local or State assessments and classroom-based observations, and teacher and related service provider's observations.*
> *(2) On the basis of that review, and input from the child's parents, identify what additional data, if any, are needed to determine—*
>> *a. Whether the child has a disability…or continues to have a disability*
>> *b. The present levels of academic achievement and related development needs of the child*
>> *c. Whether the child needs or continues to need special education and related services*
>> *d. Whether any additions or modifications to the special education services are needed to enable the child to meet the measurable annual goals in the IEP and to participate, as appropriate, in the general education curriculum*

If the team recommends no additional data are needed to determine whether the student is or continues to be a student with a disability, the public agency:

> *(1) shall notify the child's parents of —*
>> *a. that determination and the reasons for the determination; and*
>> *b. the right of parents to request an assessment to determine whether the child continues to be a child with a disability; and to determine the child's educational needs*
> *(2) shall not be required to conduct the assessment unless requested to do so by the child's parents.*

DIAGNOSTIC STATEMENTS AND ELIGIBILITY RECOMMENDATION (NEED FOR SPECIAL EDUCATION SERVICES)

1) An approved physician must identify the student's chronic or acute health problem. Both the physician's diagnosis and the school's acknowledgement of the diagnosis should be documented in the evaluation report.

2) Evidence the student manifests limited strength, vitality or alertness to the educational environment that adversely affects his/her educational performance. More than one area of manifestation may exist depending on the individual student; these areas must be documented in the evaluation report (Appendix B).

   Limited strength/may manifest in: physical tolerance and/or limitations.
   Limited vitality/may manifest in: decreased focus on tasks; decreased endurance (limited time on task); lethargy; decreased tolerance.
   Limited alertness/may manifest in: time on task; concentration; distractedness; ability to follow directions or rules; memory; impulsivity.

3) Evidence that the suspected disability is not due to lack of appropriate instruction in reading and/or math or due to Limited English Proficiency must be documented in the evaluation report.

4) As part of the evaluation requirement, in addition to determining whether the child meets the eligibility requirements, the team must determine whether the child **requires** special education and related services or in the case of a re-evaluation of a child, whether the child **continues to need** special education or related services.

A child may have a medical diagnosis and not qualify for special education or related services.

A child will be eligible as a student with an other health impairment (OHI) only if the health impairment adversely affects his/her educational achievement level and functional performance.

To document the adverse effects, Appendix A should be completed and attached to the Multidisciplinary Evaluation Team (MET).

RE-EVALUATION PROCESS

The Review of Existing Evaluation Data (REED) process, required every three years, determines what information and evaluation(s) need to be conducted to consider redetermination of eligibility under OHI.

Under IDEA, children with a permanent medical condition, as determined by medical personnel, may not need a re-evaluation by medical personnel to document the diagnosis. Re-evaluation for such children would focus on their progress on Individualized Education Program goals and objectives, and results of additional appropriate assessments as identified by the IEP Team. One component of the re-evaluation must document the adverse affect the medical diagnosis has on the student's educational performance.

Some students, upon re-evaluation, may be found ineligible for special education programming under other health impaired category. This may occur when the medical conditions have stabilized and the student no longer requires special education or there is no longer an adverse impact on the student's educational performance. While the student may be ineligible for special education programming, he/she may be eligible under Section 504 of the Rehabilitation Act of 1973 or the Americans with Disabilities Act, and qualify for the provision of educational accommodations.

OTHER HEALTH IMPAIRMENT RUBRIC DATA COLLECTION WORKSHEET
DETERMINING THE EXTENT OF ADVERSE IMPACT ON EDUCATIONAL PERFORMANCE

Student Name: _____ Date: _____
Diagnosed Chronic or Acute Health Impairment: _____
Participants: _____

Data Source	No Impact	Mild Impact	Moderate Impact	Severe Impact
Academic Achievement: Progress Monitoring, CBM or Criterion Referenced Measurement	For data expressed as a percentile rank: at or above 25th percentile.	For data expressed as a percentile rank: 10th to 24th percentile.	For data expressed as a percentile rank: 6th to 9th percentile.	For data expressed as a percentile rank: at or below 5th percentile.
Academic Achievement: MEAP, PLAN, ACT	MEAP of 1 or 2		MEAP of 3	MEAP of 4
Academic Achievement: Norm Referenced	at or above 25th percentile rank	10th to 24th percentile rank	6th to 9th percentile rank	at or below the 5th percentile rank
Academic Performance: Curriculum Assessments (e.g., DRA, Math Unit/Common Assessments, ELA Writing Rubric)	DRA: at or above expected level Math: 80-100% Writing Rubric: meets benchmark	DRA: semester to year behind Math: 70-79% Writing Rubric: slightly below benchmark	DRA: over a year Math: 60-69% Writing Rubric: moderately below	DRA: 2 years or more Math: at or below 59% Writing Rubric: significantly below
Academic Performance: Report Card Grades	All report card grades are A, B, C, satisfactory or secure.	Passing all classes with grades of A, B, C, D, progressing or developing.	Passing some classes but one or more E, needs improvement.	Mostly D, E, needs improvement, unsatisfactory, beginning, or little/no understanding.
Teacher Behavior Checklists (e.g., Achenbach, Conners, ADDES-3, etc.)	Inattention, Hyperactivity, Impulsivity, and/or Executive Functions scales are within normal limits in all settings.	Inattention, Hyperactivity, Impulsivity, and/or Executive Functions are within normal limits in most settings.	Inattention, Hyperactivity, Impulsivity, and/or Executive Functions are within borderline or at-risk range in most/all settings.	Inattention, Hyperactivity, Impulsivity, and/or Executive Functions are within clinically significant range in most/all settings.
Structured Classroom Observations related to strength, vitality, and/or alertness	Similar to typical same gender classmates	Mildly different (may be periodic) from same gender classmates	Moderately different from same gender classmates (e.g., over 50% of observations)	Severely different from same gender classmates (e.g., over 75% of observations)
Disciplinary Log	No office referrals or 1 minor office referral due to limited strength, vitality or alertness.	2 to 4 minor office referrals due to limited strength, vitality, or alertness.	4 or more minor and/or 1 to 2 major office referrals due to limited strength, vitality or alertness.	3 or more major office referrals due to limited strength, vitality or alertness.
Attendance Log	0 to 10 days absent per year related to the medical diagnosis.	10 to 20 day absent per year related to the medical diagnosis.	20 to 28 days absent per year related to the medical diagnosis.	Over 28 days absent per year related to the medical diagnosis.
Effect of medical needs on ability to access the curriculum in the general education setting	Medical needs do not interfere with day-to-day functioning and learning in the general education setting.	Medical needs do not interfere with learning but there is a possibility of unusual episodes or crises in the general education setting.	Medical needs present frequent crises or so limit the student's opportunity to participate in activities that it interferes with learning in the general education setting.	Medical needs are so severe that special medical attention is regularly needed. Opportunity for activity is so limited that classroom participation is seldom/never possible.
Summary of Adverse Effect on Educational Performance	**No impact on:** **__ strength** **__ vitality** **__ alertness**	**Mild impact on:** **__ strength** **__ vitality** **__ alertness**	**Moderate Impact on:** **__ strength** **__ vitality** **__ alertness**	**Severe Impact on:** **__ strength** **__ vitality** **__ alertness**

Special Education Eligibility can only occur if the overall adverse impact on educational performance is moderate or severe.

MEDICAL VERIFICATION OF PHYSICAL IMPAIRMENT OR OTHERWISE HEALTH IMPAIRED

Letter to Physician

Student Name: Birthdate:

Dear (Dr Name):

The above named student has been referred for an initial evaluation to determine the need for special education programs and/ or related services. Both federal and state mandatory special education laws require that any student suspected of having physical or other health impairment, be evaluated by a multidisciplinary team. Members of the team, other than the special education professionals, include qualified medical personnel in areas related to the suspected disability.

Michigan Special Education Administrative Rules, as amended May 29, 2002:

R340.1709-"Physical impairment" defined; determination.

Rule 9 *(1) "Physical impairment" means severe orthopedic impairment that adversely affects a student's educational performance.*

(2) A determination of disability shall be based upon a comprehensive evaluation by a multidisciplinary evaluation team, which shall include assessment data from an approved physician as defined in 1978 PA 368, MCL 333.1101 et seq.

R340.1709a "Other health impairment" defined; determination.

Rule 9a *(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: (a) is due to chronic or acute health problems such as any of the following: (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, (b) The impairment adversely affects a student's educational performance.*

(2) A determination of disability shall be based upon a comprehensive evaluation by a multidisciplinary evaluation team, which shall include an approved physician as defined in 1978 PA 368, MCL 333.1101 et seq.

Enclosed is a medical release form signed by the parent/guardian of your patient named above. Your diagnostic statement and recommendations will help a multidisciplinary team determine eligibility for Special Education services for «Student_First_Name». Any personal observations you are able to share would be appreciated.

Please return the attached form to me as soon as possible so that an appropriate educational plan can be provided. Also, please attach a letter or other medical information that may help us.

If you have questions or concerns about this request, please contact me at (810) _____. Thank you for your cooperation.

Sincerely,

LEA Director of Special Services

Add in Your District Name and Address

MEDICAL VERIFICATION OF PHYSICAL IMPAIRMENT
OR OTHER HEALTH IMPAIRMENT

Student Information

Name: _____ Birthdate: _____

Parent's Name: _____

Address: _____

Phone Number: _____ Resident District: _____

School: _____ Grade: _____

THE FOLLOWING MUST BE COMPLETED BY PHYSICIAN

Section 1: DIAGNOSIS: (Please list) _____

Section 2: Prognosis: This student's physical or other health impairment is permanent. ___ Yes ___ No

Section 3: Additional Information

A. Is the student taking medication? ___ Yes ___ No
If yes, please list: _____

B. Can physical education class be attended? ___ Yes ___ No
If no, explain: _____

C. Does this student's physical or other health impairment require physical adaptions within the school environment? ___ Yes ___ No
If yes, explain: _____

D. Is child currently receiving physical therapy? ___ Yes ___ No

E. Other relevant medical information regarding this student's impairment:

Section 4: Physician's Identification

Physician's Signature (MD or DO only) _____ Date: _____

Physician's Name (please print): _____

Practice Name: _____ Phone: _____

Office Address: _____

PLEASE RETURN THIS FORM TO: *INSERT NAME* at the address listed above.

THANK YOU FOR YOUR ASSISTANCE.