Other Health Disabilities

Reference and Resource the following when completing OHD evaluations

Please Note: **A medical diagnosis ALONE is insufficient** to determine eligibility for special education services. ***NOT ALL medical diagnoses are chronic or acute health conditions***. Some medical diagnoses may be considered in other special education disability categories depending on present problems (what is driving the bus?).
Example: A student with an acquired brain injury may have significant motor problems (PH), a student with ADHD may have additional diagnoses and significant acting out behavior and authority issues (E/BD).

Part B. Examples of addressing those sections within the ER

The examples below should be considered when completing the following:

- Reason for Referral/Background
- Parent Interview
- Teacher Interview
- Student Interview
- Academic comparison to peers
- Health/Physical Status *(contact Nurse)*
- Health Condition Documentation Form *(if release of info is given and form sent)*
- Observations

Example of component #1: Excessive absenteeism linked to health condition *(Background, Physical/Health Status, Parent Interview)*

Oliver 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 at this time.

Example of component #2: Specialized health care procedures needed during school day *(Would be in the Physical/Health Status section of the report)*

In 2004 Olivia had 3 discrete seizures and presently, according to the school nurse, has not had reported seizures in the past six years. According to criteria components of her previous evaluation, her health condition requires specialized procedures for when she should have a seizure to keep her safe.

Example of component #3: Medications that adversely affect learning *(Physical/Health Status)*

Olivia takes Depakote, which is used to treat partial, absence, and generalized tonic-clonic seizures. Common side effects of Depakote included dizziness, nausea, vomiting, tremor, hair loss, weight gain, depression in adults, irritability in children, reduced attention, a thinning, swelling of the ankles, irregular menstrual periods and more rare, dangerous side effects include hearing loss, liver damage, clotting of the cells, and pancreas problems. Educational implications suggest that she may have side effects from her medication, memory problems including storage and retrieval, difficulty with attention/concentration, distractibility, impulsiveness/disruptiveness, delay in response time, delays in processing and comprehension, concerns with abstract reasoning, organizational skills, performance

inconsistencies on tasks, change in personality/relationships, reduces visual and motor functioning, inconsistent school attendance, lethargy/fatigue, and potential for injury during seizures. Each of these should be considered when working with Olivia despite lack of reported seizures in the school setting.

Example of component #4: Limited Physical Strength *(Motor section of report)*

Oliver's upper body strength including fine and gross motor skills needed for writing and carrying objects of more than 5 lbs. makes it difficult for him to complete tasks similar to their peers. Oliver requires modifications of using touch screen assistive technology and having tasks reduced, including tests modified to multiple choice or short –one word responses to be able to complete tasks similarly to peers.

Example of component #5: Limited endurance *(Interview(s), Observation, Physical/Health Status)*

Olivia's diabetes disorder, as reported by her medical doctor and observed in the classroom, appears to cause her to be lethargic and having difficulty keeping up with physical activity compared to her same aged peers. Olivia's energy level after the first two hours of the school day decreases to struggling to stay awake which is unlike the majority of her same aged peers.

Example of component #6: Heightened or diminished alertness resulting in impaired abilities *(Interview(s), Observation(s))*

Oliver is distracted by movement or sound in the classroom and will constantly look up from math work. He appears to lose focus and is unable to put forth academic effort without adult redirection to stay on task. His work completion is slow and the amount is less than 50% in comparison to his same aged peers. *(Important to link this comparison!)*

Example of component #7: Impaired ability to manage and organize materials and complete classroom assignments within routine timelines *(Interview(s), Observation(s))*

Olivia has difficulty organizing her homework and completing homework assignments. Typically she reports that she has lost her homework or finds partially finished assignments stuffed in her locker. Teachers report that she does not follow through on turning in assignments, even when the teachers give reminders. In comparison to her peers, her completion rate is very minimal (10%).

Example of component #8: Impaired ability to follow directions or initiate and complete a task *(Interview(s), Observation(s))*

Olivia is unable to work independently for more than 2-3 minutes without adult intervention or cueing. The teacher reports that she gives group instructions and must verbally repeat directions and check 1-2 times during lesson to determine if Olivia understands the directions, has begun/initiated the task, or is near completion of the task in comparison to her classmates. Olivia displays a lag within all academic subjects with her behavior, as reported by her teacher, to result across all assignments and does not appear to be subject specific.