



# **Guidelines for Determining Otherwise Health Impairment Eligibility**

**Ionia County ISD**

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(Adapted from Calhoun ISD & Muskegon Area ISD )

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### Introduction

The purpose of this document is to provide a set of guidelines and criteria for the determination of eligibility for students exhibiting *Other Health Impairments* in the Ionia County Intermediate School District. These guidelines are based on both the Michigan Revised Administrative Rules for Special Education (April, 2009) and on the Individuals with Disabilities Education Improvement Act of 2004.

This document serves to assist intervention teams in clarifying procedural and eligibility issues in order to assure compliance with current special education laws, consistency among school districts within the county, and the implementation of current “best” practices.

## Federal & State Regulations & Guidelines

The Individuals with Disabilities Education Improvement Act (IDEA) of 2004 provides the process required in the identification of students with **Other Health Impairments**. In general, as part of an initial evaluation, IDEA 2004 Section 614 states:

(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.

(i) Such initial evaluations shall consist of procedures –

(I) to determine whether a child is a "child with a disability" (as defined in section 602); **and**

(II) to determine the educational needs of such child.

To be eligible as a "student with a disability", IDEA 2004 Section 602 and the State Administrative Rules for Special Education (April 2009, R 340.1702) 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 1 or more areas of impairment identified in the Act (in this case, an Other Health Impairment), **and**
2. As a result of the identified impairment, the student **needs** special education and related services.

### Definition of Other Health Impairment (OHI)

The Michigan Administrative Rules for Special Education (April, 2009) provides the following definition of Other Health Impairment. (See Appendix B for a comparison of PI and OHI definitions.)

#### **"Other Health Impairment" defined; determination.** [R340.1709a]

- (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 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, MCL 333.1101 et seq.

### **The Need for Special Education Services**

As part of the evaluation requirements, in addition to meeting the eligibility requirements as cited above, the IEP team must determine whether the child **needs** special education and related services. The IEP team has the responsibility to document whether or not the need for special education service exists.

Interventions in general education, which may include special or supplemental materials, modification of instructional techniques, or other support services provided within the general education environment, may suffice to meet the student's needs. This could also include accommodations made under Section 504 of the Civil Rights Act, 1973.

A child may have a medical diagnosis and not qualify for special education. A child will be eligible as an OHI student only if the health impairment adversely affects his educational achievement level and performance. A child whose health impairment does not interfere with his day-to-day functioning within the educational setting would not be eligible for special education services.

The continuum of impairment depends on the level of severity. A student with a mild impairment would likely require no special education services. A student with a mild to moderate impairment may require some adaptation or modification in the school setting. A student with a moderate to severe impairment may require a more restrictive environment. While some degree of subjectivity is inherent in the diagnostic process, Appendix A is intended to serve as a tool in determining the severity of the impairment and **must be completed and attached to the MET**.

To preserve the child's right to a Free Appropriate Public Education (FAPE), accommodations may be made under section 504 of the Civil Rights Act of 1973. Not all stu-

dents with physical or other health impairments experience learning problems, nor do they require special education and related services. Only when the accommodations are beyond what is required under Section 504, should eligibility for special education be considered. (See Appendix C for a comparison of Section 504 and IDEA.)

### **Redetermination of Eligibility**

Redetermination of eligibility will be established in the same manner as for initial evaluations. Some students upon reevaluation may be found ineligible for special education programming as Other Health Impaired. This may occur when the medical conditions have stabilized such that the student no longer requires special education and/or accommodations, including assistive technology. This may also occur if the student has acclimated and developed strategies to be successful within the general education curriculum. While the student may be ineligible for special education programming, accommodations may still be necessary under Section 504 or the Americans with Disabilities Act.

### **Reevaluations**

In general, as part of any reevaluation, IDEA 2004 §300.533 states that the IEP team and other qualified professionals as appropriate shall –

- (1) Review existing evaluation data [REED] on the child, including—
  - (i) Evaluations and information provided by the parents of the child;
  - (ii) Current classroom-based assessments and observations; **and**
  - (iii) Observations by teachers and related services providers; **and**
- (2) On the basis of that review, and input from the child's parents, identify what additional data, if any, are needed to determine -
  - (i) Whether the child continues to have a disability;
  - (ii) The present levels of performance and educational needs of the child;
  - (iii) Whether the child continues to need special education and related services; **and**
  - (iv) Whether any additions or modifications to the special education and related services are needed to enable the child to meet the measurable annual goals set out in the IEP of the child and to participate, as appropriate, in the general curriculum.

Furthermore, if the IEP team, and other qualified professionals as appropriate, determines that no additional data are needed to determine whether the child continues to be a child with a disability, the school district shall –

- (1) Notify the child's parents—
  - (i) Of the determination and the reasons for it; **and**
  - (ii) Of the right of the parents to request an assessment to determine whether the child continues to be a child with a disability; **and**
- (2) Not be required to conduct the assessment unless requested to do so by the child's parents.

Under IDEA 2004, students with a life long disability as determined by medical personnel may not need a reevaluation by medical personnel to document the disability. Re-

evaluations for such children would focus on the student's Individualized Educational Plan and other appropriate assessments as determined by the IEP team.

## **Pre-referral Procedures**

The Individuals with Disabilities Education Improvement Act 2004 (IDEA) encourages the adoption of pre-referral interventions prior to placement in special education. Local school districts are strongly encouraged to establish district procedures to implement pre-referral strategies and interventions of all students experiencing academic and behavioral difficulties.

Documentation of pre-referral strategies is an important component in determining the need for special education. This also applies to a student with a health impairment. It is recommended that a building-level professional support team, such as ICT, be utilized to ascertain the child's educational strengths, difficulties and needs, and to develop alternatives and strategies to meet those needs within the education milieu. All interventions should be in place and well documented over a reasonable period of time, within a minimum of six weeks. The support team should seek not to deny special education services, but to guarantee that appropriate interventions have been attempted before further determination is made about the existence of a disability.

The development and implementation of appropriate pre-referral interventions in many cases will eliminate the need to refer the student for further special education evaluation. Such interventions devised to meet the individual student's need, will assure that the student's rights to a Free Appropriate Public Education (FAPE) is upheld.

It is suggested that the building-level professional support team where ICT is not available include:

- a. The student's general education teacher(s),
- b. A special education teacher with knowledge of alternative instructional techniques and strategies,
- c. An ancillary special education staff member with assessment knowledge, and
- d. A building administrator.
- e. Additional team members may vary depending upon the needs of the child.

The team should gather information about a student from a variety of sources in order to develop the most effective pre-referral interventions. These may include the student's cumulative file, work samples, teacher observations and records, report cards, parental input, medical information and physician reports, and other information relevant to the student's learning.

The building-level professional support team has the responsibility of documenting the pre-referral intervention strategies attempted over a reasonable period of time. If the team then concludes that there may still be a need for special education intervention, a Review of Existing Evaluation Data (REED) form should be completed.

## ICISD Guidelines for OHI Evaluations

### Considerations for the REED Team

Once a request for an OHI evaluation is made, a REED should be completed. Input **must** be provided by the following:

- Parent (s);
- General education teacher (s);
- School psychologist and/or school social worker;
- Other persons with relevant knowledge of the student or the condition.

As part of the REED process, the team shall review existing prereferral intervention data, information provided by the parents, current classroom-based assessments and observations, and information provided by medical personnel.

On the basis of that review, the team will identify what additional data, if any, is needed. This may include:

- Developmental history;
- Cognitive tests;
- Achievement tests;
- Report cards;
- Attendance records;
- Behavior rating scales;
- Systematic observations.

If Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) is being evaluated, the following data (whether it is a review of data or part of the plan for evaluation) **is required to be included** in the REED:

- Systematic observations by a school psychologist or school social worker;
- Behavior rating scales;
- Review of existing behavior/educational plans;
- Review of medical interventions.

## ICISD Procedures for OHI Forms

### Initial OHI evaluations

The OHI MET Chairperson (Teacher Consultant/School Psychologist/SSW) will be responsible for the following:

1. Collect input and documentation from those who have worked with or observed the student and include it with the REED form.
2. Collect documentation/evidence of the interventions, strategies, and child study/ICT process which have been in place for the student.
3. Indicate academic assessments, observations and evaluations for related services as appropriate.
4. The OHI MET **must** include an OHI Medical Opinion statement from a medical doctor for verification of the suspected impairment (R340.1709a(2)). When the signed REED is received by the MET Chairperson, the "OHI Medical Opinion" form will be sent to the physician along with a copy of the evaluation plan and a cover letter explaining the OHI criteria (see appendix D for physician form letter). A return envelope will be provided to the physician, so the completed form can be returned to the MET Chairperson. Upon receipt of the "OHI Medical Opinion" form, the MET Chairperson will notify the team and provide a copy for their consideration of the physician's input in the MET process.

### Reevaluations for OHI

The OHI MET Chairperson (Teacher Consultant/School Psychologist/SSW) will be responsible for the following:

1. The re-evaluation plan for an OHI student is open to design for the specific needs of the student, as are all other re-evaluations. An updated "OHI Medical Opinion" statement form from the physician is sometimes valuable, especially if the team feels the status of the condition has changed. However, it is not required if the team feels that the condition and the effects on learning are still evident.
2. Consider and collect assessments to determine the continued need for special education or to determine present levels of performance as needed. If the team feels they do not need any additional information, all assessments may be waived.

### Diagnostic Team Process: Required Components for Determining OHI Eligibility

The following information and documentation are **required** to determine OHI eligibility:

#### Academic Performance:

1. The academic performance of the student may be documented through measures such as:
  - a. Classroom assessments;

- b. State or district tests;
  - c. Standardized achievement tests;
  - d. Educational history; and/or
  - e. Current grades.
2. The evaluation team should consider a range of assessments that would accurately reflect actual achievement performance in addition to classroom work and production.

### **Behavior Observations:**

1. Observation of relevant behavior must be documented by teacher and/or parent observation.
2. If systematic behavior observations are part of the evaluation plan, the observation should be conducted by a school psychologist or school social worker. **Note: systematic behavior observations are mandatory for students diagnosed with ADHD and being considered for OHI eligibility.**

### **Educationally Relevant Medical Information:**

There must be a current medical diagnosis documented in writing by a physician (Attach "OHI Medical Opinion" statement form). If appropriate, medical interventions should also be documented.

### **Diagnostic Statements and Eligibility Recommendation (Need for Special Education Services)**

As part of the evaluation requirement, in addition to meeting the eligibility requirements, the team must determine whether the child **needs** 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.

To address this issue, documentation of school-based interventions which have been unsuccessful in accommodating the student's medical condition must be included in the MET report. Many of these interventions should have occurred prior to completing the REED for OHI consideration.

In addition, documentation of the reasons why the student's medical condition cannot be accommodated within the general education environment with Section 504 accommodations must be also included in the MET report.

Parental refusal to use physician prescribed medication may not be the sole determining factor in determining eligibility/need for special education intervention.

A child may have a medical diagnosis and **not qualify** for special education. A child will be eligible under the OHI classification **only if** the health impairment adversely af-

fects his/her educational and behavioral performance to the degree that special education and/or related services are necessary for this student.

**Appendix A must be completed and attached to the MET report. Go to [www.ioniaisd.org](http://www.ioniaisd.org) for copy of this form.**

## Appendix B Comparison of PI and OHI Eligibility

### PHYSICAL IMPAIRMENT:

Definition: a severe orthopedic impairment; brought about by congenital anomaly, disease, or other causes that adversely affects a child's educational performance.

### OTHER HEALTH IMPAIRMENT:

Definition: having limited strength, vitality or alertness that results in limited alertness with respect to the educational environment that is due to chronic or acute health problems which adversely affects a child's educational performance.

### Examples of Impairments but not limited to:

Physical Impairments:	Other Health Impairments:
Amputation, limb deficiencies	Asthma
Anoxic Brain Injury	Attention Deficit Disorder (ADD)
Arthrogryposis	Attention Deficit Hyperactivity Disorder (ADHD)
Bone tuberculosis	Chromosomal disorder
Cerebral palsy	Cystic fibrosis
Congenital anomaly (i.e., clubfoot, hip dysplasia)	Developmental coordination disorder (DCD)
Congenital myelitis	Diabetes
Juvenile rheumatoid arthritis	Epilepsy
Muscular dystrophy	Fetal alcohol syndrome
Poliomyelitis	Heart condition
Spina bifida	Hemophilia
Spinal cord injuries (i.e. paraplegia)	Lead poisoning
Spinal muscular atrophy	Leukemia
	Nephritis
	Rheumatic fever
	Sickle cell anemia

## **Appendix C**

### **Section 504 vs. IDEA**

Section 504 is a federal civil rights law designed to protect the rights of individuals with disabilities in programs and activities that receive federal funds from the U.S. Department of Education. Section 504 requires recipients to provide to students with disabilities appropriate educational services designed to meet the individual needs of such students to the same extent as the needs of students without disabilities are met.

Section 504 is intended to establish a “level playing field” usually by eliminating barriers that exclude persons with disabilities.

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

1. have a physical or mental impairment that substantially limits one or more major life activities;
2. have a record of such an impairment; **or**
3. be regarded as having such an impairment.

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 only 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.

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.