

OTHER HEALTH IMPAIRMENT ELIGIBILITY GUIDELINES



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Introduction

The purpose of this document is to provide criteria for the determination of eligibility for students exhibiting *Other Health Impairments* in the Montcalm Area Intermediate School Districts (MAISD). These criteria are based on the Michigan Revised Administrative Rules for Special Education (October 2011) and on the Individuals with Disabilities Education Act (IDEA 2004).

This document serves to clarify eligibility issues in order to assure consistency among school districts within the intermediate school district, compliance with current special education laws, and the implementation of current “best” practices.

Montcalm Area Intermediate School District has assigned Teacher Consultants as MET Coordinators for the area of 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.
- (B) 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 (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.

Federal & State Regulations & Guidelines

Michigan Rules: R 340.1709(a)	IDEA Federal Regulations: 34 CFR §
<p>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 A for a comparison of PI and OHI definitions) “Other Health Impairment” defined; determination. [R340.1709a]</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> <ul style="list-style-type: none"> a. Is due to chronic or acute health problems such as any of the following: <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 b. The impairment adversely affects a student’s educational performance. <p>(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:</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 33.1101 et seq. 	<p>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:</p> <p>(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.</p> <ul style="list-style-type: none"> (i) Such initial evaluations shall consist of procedures - <ul style="list-style-type: none"> (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. <p>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:</p> <ol style="list-style-type: none"> 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.

Special Education Services

As part of the evaluation requirements, in addition to meeting the eligibility requirements as cited above, the Individualized Education Program (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 B is intended to serve as a tool in determining the severity of the impairment and **must be completed and attached to the Multidisciplinary Evaluation Team (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 students 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.)**

MAISD Guidelines for OHI Evaluations

The building-level professional support team has the responsibility of documenting the pre-referral intervention strategies and/or 504 plan attempted over a reasonable period of time on the Student Intervention and Data Review (SIDR) form. The evidence that the team has considered or developed a 504 accommodations plan also needs to be included. 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.

Initial OHI Evaluation:

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)/ and/or Guardian(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 pre-referral 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
- Current 504 accommodations plan
- Obtain the Montcalm Area Intermediate School District release of information signed by parent

Procedures for OHI Forms

Initial OHI evaluations

The OHI MET Chairperson (Teacher Consultant) 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/student Intervention Team (SIT) 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)).
5. When the signed REED is received by the Special Education Secretary, 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 Medical Diagnostic Statement)
6. The OHI MET chairperson will complete the Appendix B: Other health Impairment rubric Data collection Worksheet.

Reevaluations for OHI

The OHI MET Chairperson (Teacher Consultant) 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.
3. When a student becomes ineligible for special education services, consider a 504 Accommodation Plan if needed.

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. (See Appendix E)

Systematic Observations:

If systematic behavior observations are part of the evaluation plan, the observation should be conducted by a school psychologist or school social worker/counselor.

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 affects** his/her educational and behavioral performance to the degree that special education and/or related services are necessary for this student. When a child is ineligible the team may refer for a 504 Accommodation Evaluation.

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. Reevaluations for such children would focus on the students Individualized Educational Plan and other appropriate assessments as determined by the IEP team.

Diagnostic Statements and Eligibility Recommendation

- 1) In order to qualify as a student with an Other Health Impairment, a student must:
 - a) have an identified **chronic or acute health problem** that
 - b) manifests itself in the student's **limited**
 - i) **strength**,
 - ii) **vitality and/or**
 - iii) **alertness** to the educational environment that
 - c) **adversely impacts educational performance.**

Chronic or acute health problem: an approved physician must identify the student's chronic or acute health problem. Both the physician's diagnosis and the school's agreement with the diagnosis should be documented in the evaluation report.

Limitations in at least one of the areas of strength, vitality or alertness: this must be present in order for the student to qualify. More than one area of manifestation may exist depending on the individual student; all identified areas must be documented in the evaluation report.

- **Limited strength**
Broadly defined as reduced bodily or muscular power that interferes with learning and may limit the child's opportunity to participate in school activities.
- **Limited vitality**
Broadly defined as reduced energy or mental vigor that interferes with learning and may limit the child's opportunity to participate in school activities.
- **Limited or heightened alertness**
Broadly defined as reduced or heightened awareness of oneself and of one's acts and surroundings that interferes with learning and may limit the child's opportunity to participate in school activities.

Adverse impact: evidence that the student's health problem manifests itself in limited strength, vitality, and/or alertness must be documented in the evaluation report.

2) 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, such as evidence of instruction based on board-approved curriculum.

3) 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. A child will be eligible as a student with a health impairment only if the health impairment adversely affects his/her academic achievement and functional performance to the extent that he/ she requires specially designed instruction. To document this, **Appendix B must be completed and attached to the MET Report.**

Appendix A

Comparison of PI and OHI Eligibility

PHYSICAL IMPAIRMENT:	OTHER HEALTH IMPAIRMENT:
<p><u>Definition:</u> a severe orthopedic impairment; brought about by congenital anomaly, disease, or other causes that adversely affects a child's educational performance.</p>	<p><u>Definition:</u> having limited strength, vitality or alertness that results in a 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.</p>

Examples of Impairments, but not limited to:

Physical Impairments:	Other Health Impairments:
Amputation, limb deficiencies	Asthma
Anoxic Brain Injury	Attention Deficit Disorder (ADD)
Arthrogyrosis	Attention Deficit Hyperactivity Disorder (ADHD)
Bone tuberculosis	Chromosomal disorder
Cerebral palsy	Cystic fibrosis
Congenital anomaly (i.e., clubfoot, hip displasia)	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 B

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	Mild Impact	Moderate Impact	Severe Impact
Academic Achievement: Progress Monitoring, CBM or Criterion Referenced Measurement	For data expressed as a percentile rank: 10 th to 24 th percentile or above	For data expressed as a percentile rank: 6 th to 9 th percentile	For data expressed as a percentile rank: at or below 5 th percentile
Academic Achievement: MEAP, PLAN, ACT	MEAP 1 or 2	MEAP 3	MEAP 4
Academic Achievement: Norm Referenced (DIBELS, MAP, STAR)	10 th to 24 th or above percentile rank	6 th to 9 th percentile rank	At or below the 5 th percentile rank
Academic Performance: Curriculum Assessments (CMS Common Assessments)	Above 70%	60-69%	Below 59%
Academic Performance: Report card Grades	Passing all classes with grades of A, B, C, progressing or developing	Passing some classes but one or more D or E, needs improvement	Mostly D, E, needs improvement, unsatisfactory, beginning or little/not understanding
Teacher Behavior Checklists (e.g., Achenbach, Conners, ADDES-3, etc.)	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 *More than (1)	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	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	0-10 days absent per year	10-20 days absent per year	Over 20 days absent per year
Effect of medical needs on ability to access the curriculum 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 episodes 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

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

Based on the data gathered, this student exhibits a _____ mild impact, _____ moderate impact, or _____ severe impact on educational performance.

*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 those categories. Professional judgment is required.

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 eliminate barriers that exclude persons with disabilities from participating in the general education setting. Section 504 provides accommodations, not programs and services.

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.

Appendix D

	OTHER HEALTH IMPAIRMENT Medical Diagnostic Statement	
	Date:	

In order to qualify <STUDENTS'S NAME>, <(DOB):> for special education services under the label of Other Health Impairment (OHI), Michigan's Administrative Rules for Special Education require a diagnostic statement from you (R.340.1709a). This statement must confirm that a chronic or acute health problem exists that limits the student's strength, vitality, or alertness (including a heightened alertness to environmental stimuli) in the educational environment and adversely affects the student's educational performance.

If you have any questions or concerns regarding this request, please feel free to contact me at the telephone number at the top of this letter. A self-addressed, return envelope is enclosed for your convenience or you can FAX this document to <SPECIAL OFFICE FAX #>.

Sincerely,

<TEACHER CONSULTANT>
Teacher Consultant

THE FOLLOWING MUST BE COMPLETED BY PHYSICIAN

DIAGNOSIS:	(Please list)
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PROGNOSIS:	This student's physical or health impairment is permanent	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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ADDITIONAL INFORMATION:	Is the student taking medication? If yes, please list:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Can physical education classes be attended? If no, explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Does this student's physical or other health impairment require physical adaptations within the school environment? If yes, explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Is the student currently receiving physical therapy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	Other relevant medical information regarding this student's impairment:		

PHYSICIAN'S IDENTIFICATION: (MD, DO or PA)	Physician's Signature:		Date:	
	Physician's Name:			
	Practice Name:		Phone:	
	Office Address:			

Tab 10

Appendix E

Recommended Assessments for OHI

The team that reviews the existing evaluation data determines which assessments below are needed to determine eligibility and to rule out different areas of eligibility.

FORMAL ASSESSMENT TYPE	FORMAL ASSESSMENT RECOMMENDATIONS
Cognitive Assessment	Wechsler Intelligence Scale for Children (WISC-IV) Wechsler Preschool/Primary Scale of Intelligence (WPPSI-3) Wechsler Adult Intelligence Scale Fourth Edition (WAIS-IV) Wechsler Abbreviated Scale of Intelligence (WASI) Woodcock-Johnson Test of Cognitive Abilities (WJ) Kaufman Assessment Battery for Children (K-AB-II) Kaufman Brief Intelligence Test (K-BIT-II) Bayley Scales of Infant and Toddler Development 3rd Ed. (Bayley-III)
Achievement Assessment	Wechsler Individual Achievement Test—III (WIAT- III) Kaufman Test of Educational Achievement –III (KTEA-III) Diagnostic Achievement Battery Third Edition (DAB-3) Comprehensive Test of Phonological Processing 2nd Ed. (CTOPP-2) Young Children’s Achievement Test (Y-CAT) 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) Test of Word Reading Efficiency (TOWRE)
Behavior Rating Scales	Conner’s Rating Scale Revised (Conner’s-R) Achenbach System of Empirically Based Assessment (ASEBA)
Systematic Direct Observation	-Observation must occur in setting & subject student is having difficulty -Must be timed and at least 30 minutes in length for each observation -Must gather data on control student at the same time