



**Other
Health
Disabilities
Companion
Manual**

TABLE OF CONTENTS

PURPOSE OF THE MANUAL..... 7

These are the "parameters" and objectives of the manual and training.

WHO ARE THE STUDENTS WITH OTHER HEALTH DISABILITIES? 10

Outlines who the students are and the guidelines to use when considering eligibility for OHD.

LIST OF COMMON DIAGNOSES 11

This page can be used to discuss typical diagnoses we see within this category (OHD).

SERVICE OPTIONS FOR STUDENTS WITH CHRONIC/ACUTE HEALTH CONDITIONS 13

These pages assist educators to explain that children who come to school with a medical diagnosis may or may not be eligible for services and all medical diagnosis are not chronic/acute health conditions (OHD) Use the examples on the page "Linking Educational Needs to Health Conditions" to demonstrate possible links between educational disability and a student's health condition.

CRITERIA..... 15

Use these pages to assist teams to address all sections of the criteria, what and where to document eligibility statement for K-12 and pre-kindergarten.

MINNESOTA STATE CRITERIA 16

LINKING EDUCATIONAL NEEDS TO HEALTH CONDITIONS..... 18

OTHER HEALTH DISABILITIES CRITERIA WORKSHEET 21

MONITORING AND COMPLIANCE CHECKLIST 25

ECSE CRITERIA CROSSOVER..... 27

DEFINITION 29

Use to explain and demonstrate the meanings of statements used within the criteria and manual.

FEDERAL DEFINITION..... 30

STATE DEFINITION..... 30

CLARIFICATION OF TERMINOLOGY WITHIN CRITERIA 30

RECOMMENDED FORMS / CHECKLISTS 33

DATA SOURCES GRID TO GATHER EVALUATION INFORMATION 34
Utilize this to discuss consideration of OHD. This is a grid that looks at all eight criteria components and check where teams may typically gather that data for evaluation. It describes what each evaluation component measures for evaluation purposes.

MEDICAL DOCUMENTATION FORM * 37
Has data to be collected from the medical setting. *Must have parental permission to request this data.

MEDICAL DOCUMENTATION FORM FOR ATTENTION DEFICIT HYPERACTIVE DISORDER (ADHD) * 39

SYSTEMATIC INTERVIEW/OBSERVATION WORKSHEET 43
This can be used to gather data about how the health condition impacts the student's educational performance. All questions relate to data that must be gathered within the evaluation process.

PARENT/GUARDIAN INTERVIEW 47

SAMPLE COVER LETTER FOR CHECKLIST 50

ORGANIZATIONAL AND INDEPENDENT WORK SKILLS CHECKLISTS 51
This can be used as a component to determine eligibility as OHD, be part of a re-evaluation or provide teacher information regarding org/ind work skill deficits and skills. The checklists are separated as pre-kindergarten, elementary and middle/high school. This document has been adapted from the physical health disabilities checklist developed by Hennepin County Intermediate District #287.

SAMPLE EVALUATION FORM 61
The following pages provide samples of evaluations to be used for grades 4 and 8.

OTHER HEALTH DISABILITY OUTLINE OF EVALUATION REPORT 65
This document assists teams to determine components of the evaluation required for all and specific to OHD. Can be used with the OHD criteria checklist. Examples are included for summarizing components of Part B, eligibility statements, and statements of educational need.

SAMPLE INITIAL EVALUATION 69

ACCOMMODATIONS/MODIFICATIONS CONSIDERATION CHECKLIST 71
This can be used as a guideline to determine "areas of concern" and as a checklist of typical presenting problems that may need to be addressed in Prior Documented Intervention's, 504 or IDEA evaluation.

HEALTH SERVICES73

Use these documents to review the role of the school nurse and components of an individual health plan.

ROLE OF THE LICENSED SCHOOL NURSE 74

INDIVIDUALIZED HEALTHCARE PLAN (IHP)..... 76

ADHD77

Resources in this chapter can be used for training teams to demonstrate examples of how children with ADHD may be eligible for special education and related service or a 504 plan and accommodations. This chapter also contains information from the American Academy of Pediatrics (AAP) regarding evaluation recommendations as well as an article from the ADHD Report outlining IDEA 97 and eligibility possibilities in special education.

WHEN ADHD IS OHD.....78
AAP RELEASES NEW GUIDELINES FOR DIAGNOSIS OF ADHD.....79
ADHD AND IDEA: A GUIDE FOR HEALTH AND MENTAL HEALTH PROFESSIONALS.....81

FREQUENTLY ASKED QUESTIONS.....89

These can be used as an activity during training. Works well at the end of training to determine if there are unanswered questions or validates that your training has answered the most common questions.

RESOURCES95

There is so much current information on websites via the Internet, and teams are encouraged to search for the most up to date information . The list of resources are ones found by teams serving students with chronic or acute health conditions.

BOOKS AND VIDEOS ABOUT STUDENTS WITH CHRONIC OR ACUTE HEALTH CONDITIONS.....96

Purpose of the Manual

Criteria Implementation Manual

This manual has been developed to assist the educational field in understanding and applying the new eligibility criteria for Other Health Disabilities (OHD), formerly known as Other Health Impaired (OHI).

This document contains resources to assist teams in identification, evaluation and the determination of eligibility under this special education category. The information and forms are meant to be of assistance in carrying out these current practices throughout the State of Minnesota.

This manual is provided as a resource for teams as they:

- Identify students;
- Plan and conduct evaluations to determine whether a student is eligible;
- Serve students with Other Health Disabilities by linking their health conditions to adverse effects on their educational performance;
- Suggested resources and forms to facilitate identification, evaluation and program planning;
- Consider Other Health Disability as a possible special education category when there is a medical diagnosis of a chronic or acute health condition and assist teams to consider other special education categories when there are medical diagnoses that manifest themselves with cognitive, academic, and behavioral concerns that impact learning

Who are the Students?

WHO ARE THE STUDENTS WITH OTHER HEALTH DISABILITIES? 10

Outlines who the students are and the guidelines to use when considering eligibility for OHD.

LIST OF COMMON DIAGNOSES 11

This page can be used to discuss typical diagnoses we see within this category (OHD).

SERVICE OPTIONS FOR STUDENTS WITH CHRONIC/ACUTE HEALTH CONDITIONS 13

THESE PAGES ASSIST EDUCATORS TO EXPLAIN THAT CHILDREN WHO COME TO SCHOOL WITH A MEDICAL DIAGNOSIS MAY OR MAY NOT BE ELIGIBLE FOR SERVICES AND ALL MEDICAL DIAGNOSIS ARE NOT CHRONIC/ACUTE HEALTH CONDITIONS (OHD) USE THE EXAMPLES ON THE PAGE "LINKING EDUCATIONAL NEEDS TO HEALTH CONDITIONS" TO DEMONSTRATE POSSIBLE LINKS BETWEEN EDUCATIONAL DISABILITY AND A STUDENT'S HEALTH CONDITION.

Who are the Students with Other Health Disabilities?

Minnesota schools are serving students with an extraordinary range of chronic or acute health conditions that may be either congenital or acquired. Students with health conditions may have associated characteristics or symptoms ranging from mild to severe. Some of the health conditions are progressive and some have associated symptoms that vary in intensity from day to day.

Medications, treatments, therapies, frequent doctor's appointments, and repeated hospitalizations can impact the student's ability to learn and function at school. Even relatively mild health conditions can significantly impact academic, behavioral, social, or emotional functioning. A student with such a condition may be considered for special education services under the Other Health Disabilities (OHD) category. However, when the condition is medically managed, and the student can successfully participate in school, then the student may not need special education services under OHD.

Here are some guidelines to use when determining eligibility using the OHD criteria:

- A medical diagnosis alone is insufficient to determine eligibility for special education services.
- Students with medical diagnoses should not automatically be considered eligible for OHD. Teams are advised to focus on the student's presenting problems in conjunction with a comprehensive evaluation to determine the eligibility.
- Students with some medical diagnoses may demonstrate educational needs that may lead teams to consider eligibility in categories (Developmental Cognitive Disorder - cognitive, Physical Health Disability - physical, Emotional Behavior Disorder - behavioral, Learning Disability – severe academic, Speech & Language - communications).
- Teams must establish and document a link between the chronic or acute health condition and its adverse effect on a pupil's educational performance in order for a student to be determined eligible in OHD.
- When determining eligibility for children birth through age six who have been diagnosed with a syndrome or condition known to hinder normal development, please see Minnesota Rule 3525.1350, Early Childhood Special Education and refer to other documents within this manual.

List of Common Diagnoses

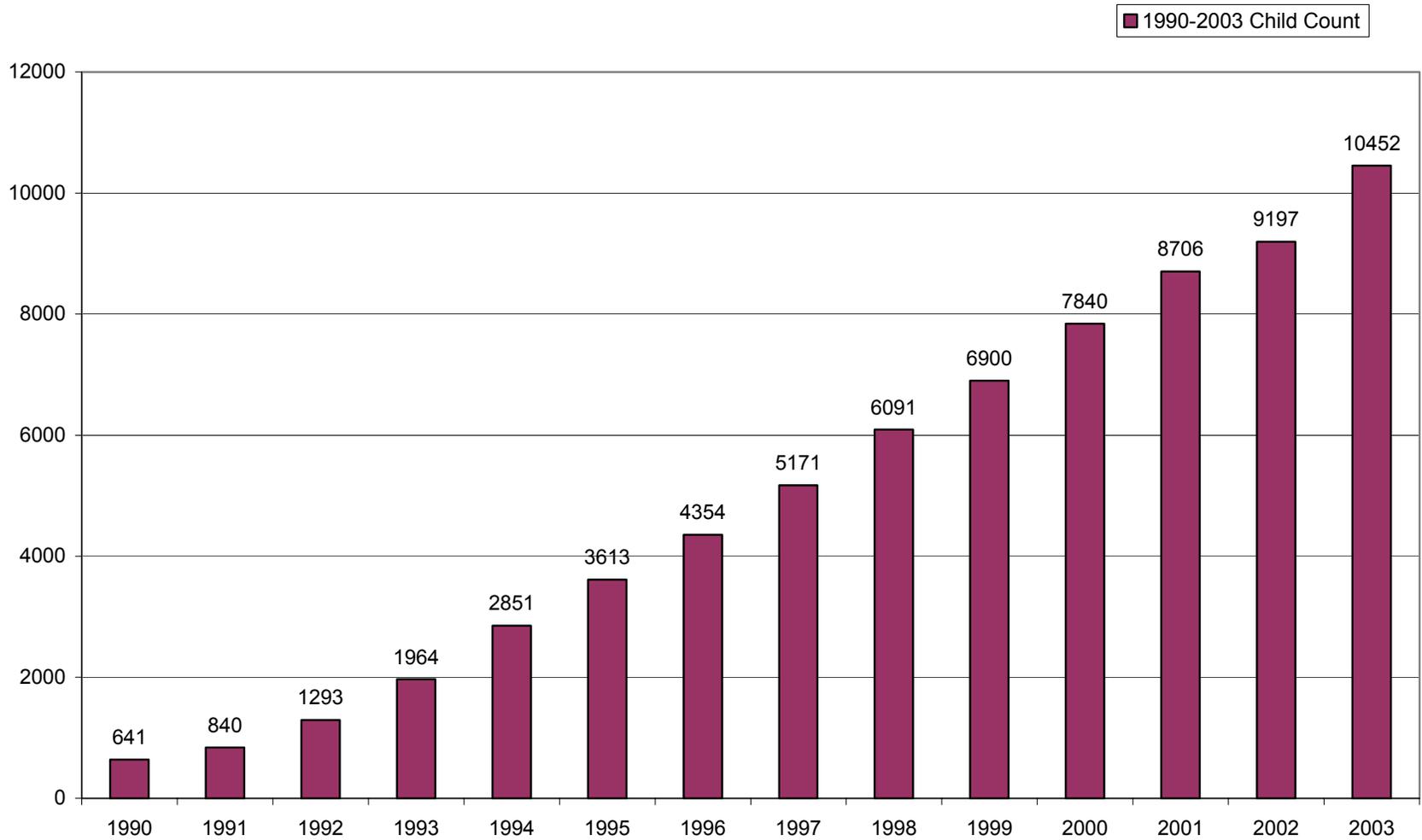
Typical chronic or acute health concerns*:

The following is a list of chronic or acute health conditions that can impact a student's functioning in the school setting. This is not to be considered a complete or exhaustive list.

<ul style="list-style-type: none"> ❖ Cardiovascular Conditions and Heart Disease <ul style="list-style-type: none"> • Congenital Heart Disease/Heart Transplants • Rheumatic Fever • Sickle Cell Anemia • Hemophilia 	<ul style="list-style-type: none"> ❖ Hemotologic <ul style="list-style-type: none"> • Cancer • Diabetes • Hemophilia • Sickle Cell Anemia • Lead Poisoning
<ul style="list-style-type: none"> ❖ Growth Disorders <ul style="list-style-type: none"> • Malnutrition/Growth Delay 	<ul style="list-style-type: none"> ❖ Postural/Skeletal Conditions <ul style="list-style-type: none"> • Juvenile Rheumatoid Arthritis
<ul style="list-style-type: none"> ❖ Immune Deficiency Disorders <ul style="list-style-type: none"> • Human Immunodeficiency Virus (HIV)/Acquired Immune Deficiency Syndrome (AIDS) • Lyme Disease • Lupus Erythematosus • Chronic Fatigue Syndrome • Fibromyalgia 	<ul style="list-style-type: none"> ❖ Injuries/Diseases <ul style="list-style-type: none"> • Acquired brain injury <ul style="list-style-type: none"> ○ Anoxia ○ brain infection ○ brain tumor (including chemotherapy, radiation effects, or surgery) ○ cerebral hemorrhage or stroke ○ lead poisoning ○ static encephalopathy • Burns • Cancer • Nephritis • Stroke
<ul style="list-style-type: none"> ❖ Neurobiological <ul style="list-style-type: none"> • Attention Deficit Hyperactivity Disorder (ADHD) • Seizure Disorders (Epilepsy) • Tourette Syndrome • Neurofibromatosis 	<ul style="list-style-type: none"> ❖ Respiratory Disorders <ul style="list-style-type: none"> • Cystic Fibrosis • Lung Transplants • Asthma • Bronchopulmonary Dysplasia

* 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 of these diagnosis may be considered in other special education disability categories depending on presenting problems. 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 (EBD).

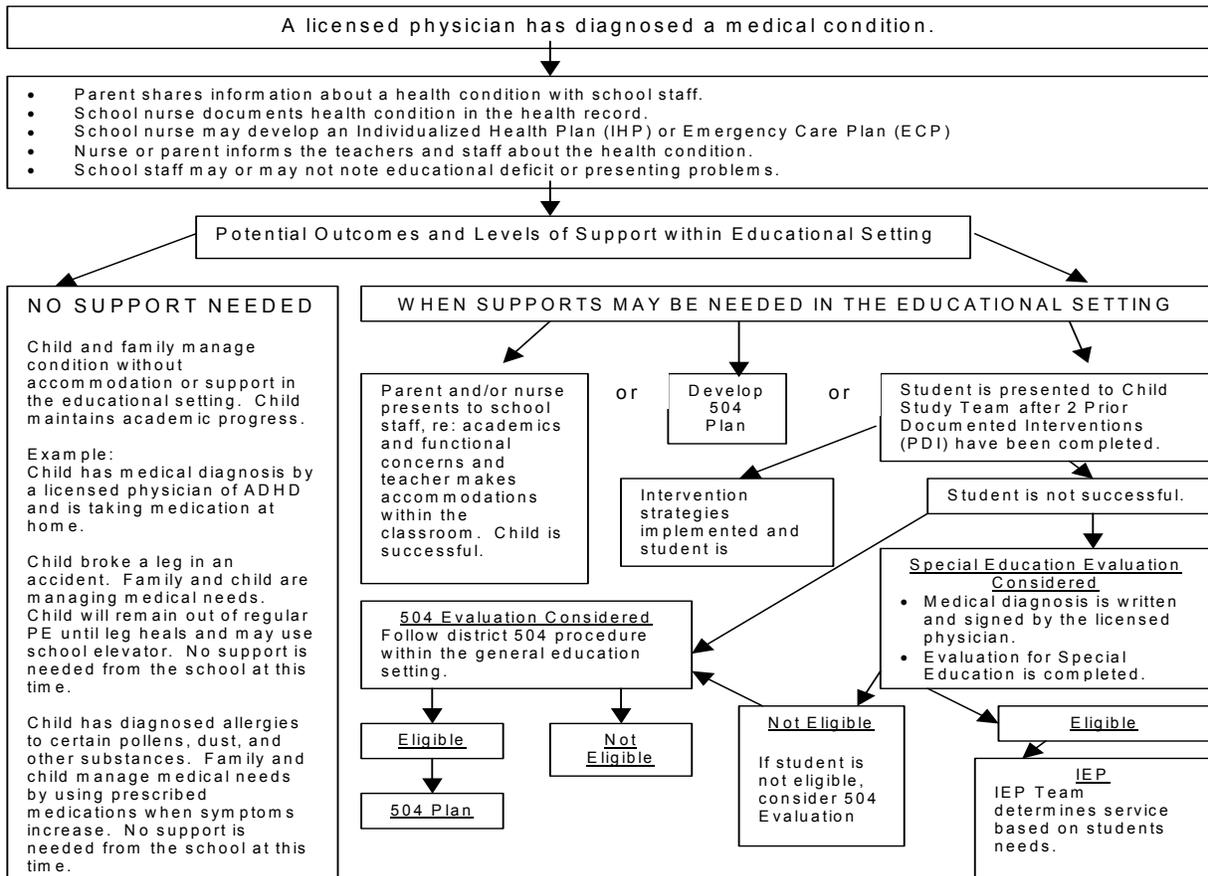
Low Incidence Disabilities Other Health Disabilities (OHD)



School Service Options for Students with Chronic/Acute Health Conditions

Medical Information: A licensed physician has diagnosed a medical condition. The physician may prescribe medical treatment, consisting of medication, special health care procedures, or health monitoring. The physician may discuss educational issues based on parent concerns and medical evaluation. Physician may use words such as learning disability, respiratory disorder, heart condition, nonverbal learning disorder, auditory processing disorder, sensory integrative dysfunction, or mental health disability. These may not meet the definition of a chronic or acute health condition. This information is **considered** by the educational staff as they determine the student's needs within the educational setting.

*Please note that all medical diagnosis are not chronic or acute health conditions.



Service Options Explained

Under the IDEA (Individuals with Disabilities Education Act) Guidelines, school districts must identify and evaluate children suspected of having a disability.

Some students with medically diagnosed health disabilities are able to function in the general education environment without additional support.

Specific service options include:

General Education: An appropriate placement for many students with chronic health conditions. A wide range of supports may be provided in the classroom setting including accommodations, an individualized health plan, and communication between parents and teachers. Please note that accommodations and modifications can be made in a general education classroom setting without a 504 plan or special education placement.

Section 504 of the Rehabilitation Law of 1973: a federal civil rights statute. For a student to be eligible for services under Section 504, the existence of an identified physical or mental condition must “substantially limit” a major life activity. Major life activities include walking, seeing, hearing, speaking, breathing, learning, working, and caring for oneself. It is up to the school district to determine whether a particular disability “substantially limits” a major life activity. A student must be identified through evaluation procedures that gather information from a variety of sources. Decisions about the student, evaluation data, and placement options need to be made by knowledgeable individuals. Results of the evaluation may mean accommodations in the classroom by regular education staff, involve specialized instruction, and/or related services even when the student fails to meet the criteria for special education services. Section 504 plans need to be reviewed periodically. Many students with chronic and acute health conditions may be appropriately considered eligible for 504 services because they require accommodations but no specialized instruction and related services.

Special Education: A service for students who meet the eligibility criteria in one of the thirteen disability categories, each of which has its own criteria. The disabling condition must adversely affect the student’s educational performance and must require specially designed instruction in order for him or her to make progress in the general education program. If a special education referral is deemed appropriate the student’s team will review pre-referral information and intervention strategies. The team will also complete a notice of the evaluation plan. The evaluation must be multidisciplinary, nondiscriminatory, and at no cost to the parents.

Criteria

CRITERIA.....15

Use these pages to assist teams to address all sections of the criteria, what and where to document eligibility statement for K-12 and pre-kindergarten.

MINNESOTA STATE CRITERIA	16
LINKING EDUCATIONAL NEEDS TO HEALTH CONDITIONS	18
OTHER HEALTH DISABILITIES CRITERIA WORKSHEET	21
MONITORING AND COMPLIANCE CHECKLIST	25
ECSE CRITERIA CROSSOVER.....	27

Minnesota State Criteria

3525.1335 OTHER HEALTH DISABILITIES.

Subpart 1. Definition. "Other health disability" means having limited strength, endurance, vitality, or alertness, including a heightened or diminished alertness to environmental stimuli, with respect to the educational environment that is due to a broad range of medically diagnosed chronic or acute health conditions that adversely affect a pupil's educational performance.

Subpart 2. Criteria. The team shall determine that a pupil is eligible and in need of special education instruction and services if the pupil meets the criteria in items A and B.

A. There is:

- (1) written and signed documentation by a licensed physician of a medically diagnosed chronic or acute health condition; or
- (2) in the case of a diagnosis of Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder (ADD or ADHD), there is written and signed documentation of a medical diagnosis by a licensed physician. The diagnosis of ADD/ADHD must include documentation that DSM-IV criteria in items A to E have been met. DSM-IV criteria documentation must be provided by either a licensed physician or a mental health or medical professional licensed to diagnose the condition.
- (3) For initial evaluation, all documentation must be dated within the previous 12 months.

B. In comparison with peers, the health condition adversely affects the pupil's ability to complete educational tasks within routine timelines as documented by three or more of the following:

- (1) excessive absenteeism linked to the health condition, for example, hospitalizations, medical treatments, surgeries, or illnesses;
- (2) specialized healthcare procedures that are necessary during the school day;
- (3) medications that adversely affect learning and functioning in terms of comprehension, memory, attention, or fatigue;
- (4) limited physical strength resulting in decreased capacity to perform school activities;
- (5) limited endurance resulting in decreased stamina and decreased ability to maintain performance;

-
- (6) heightened or diminished alertness resulting in impaired abilities, for example, prioritizing environmental stimuli; maintaining focus; or sustaining effort or accuracy;
 - (7) impaired ability to manage and organize materials and complete classroom assignments within routine timelines; or
 - (8) impaired ability to follow directions or initiate and complete a task.

Subpart 3. Evaluation. The health condition results in a pattern of unsatisfactory educational progress as determined by a comprehensive evaluation documenting the required components of subpart 2, items A and B. The eligibility findings must be supported by current or existing data from items A to E.

- A. an individually administered, nationally normed standardized evaluation of the pupil's academic performance;
- B. documented, systematic interviews conducted by a licensed special education teacher with classroom teachers and the pupil's parent or guardian;
- C. one or more documented, systematic observations in the classroom or other learning environment by a licensed special education teacher;
- D. a review of the pupil's health history, including the verification of a medical diagnosis of a health condition; and
- E. records review.

The evaluation findings may include data from: an individually administered, nationally normed test of intellectual ability; an interview with the pupil; information from the school nurse or other individuals knowledgeable about the health condition of the pupil; standardized, nationally normed behavior rating scales; gross and fine motor and sensory motor measures; communication measures; functional skills checklists; and environmental, socio-cultural, and ethnic information reviews.

Linking Educational Needs to Health Conditions

How to link presenting problems to part B, Items 1-8 of OHD Criteria

In order for students to be eligible for special education, their health condition must be linked to their educational difficulties. Here are some examples that illustrate that relationship:

The student's health condition, which results in excessive absences from school or classroom for specialized treatment, interferes with the student's ability to maintain satisfactory academic progress in comparison to peers. (Part B-1)

The student's health condition, which requires specialized treatments during the school day, interferes with the student's ability to complete classroom assignments within timelines comparable to those of peers. (Part B-2)

The student's health condition, which requires administration of specific medications during the school day, interferes with the student's ability to be in class consistently. (Part B-3)

The student's health condition, causing poor or limited strength, results in the student's inability to handle materials, transition within the building, participate in recreational or leisure playground activities. (Part B-4)

The student's health condition, causing limited endurance, results in the student's inability to complete written assignments and requires intermittent rest time. (Part B-5)

The student's health condition, which causes him to fatigue easily, interferes with the student's ability to remain on task/complete assignments at a level comparable to that of peers. (Part B-4&5)

The student's level of pain resulting from the chronic or acute health condition causes limited endurance, strength or increased fatigue and distractibility. (Part B-4, 5, 6, 7, 8)

The student's level of distractibility interferes with ability to attend during lecture in comparison to peers. (Part B-6)

The student's level of distractibility interferes with ability to start work and remain on task at a level comparable to that of his peers. (Part B-6 & 8)

The student's level of distractibility interferes with ability to consistently organize his materials for class/come to class prepared in comparison to peers. (Part B-7)

The student's level of impulsivity interferes with ability to focus and complete activity-based classroom projects in comparison to peers. (Part B-8)

When the student's presenting problems *do not link to the chronic or acute health condition*:

- The student's academic progress is at a level comparable to what would be expected for his or her ability.
- The student's lack of progress is attributable to motivational concerns not directly linked to the health condition.
- The student's lack of progress is attributable to behavioral/emotional concerns.
- There is no causal link between the lack of educational progress and the identified health condition.
- Resulting presenting problems from the initial health condition manifest themselves as significant cognitive, motor or behavioral concerns which may lead the team to consider other eligibility criteria. Example: Acute meningitis resulting in significant cognitive, motor or behavior concerns.

Other Health Disabilities Criteria Worksheet

Subpart 1. State Definition

“Other Health Disability” means having limited strength, endurance, vitality, or alertness, including a heightened or diminished alertness to environmental stimuli, with respect to the educational environment that is due to a broad range of medically diagnosed chronic or acute health conditions that adversely affect a pupil’s educational performance.

- *A medical diagnosis alone is insufficient to determine eligibility for special education services.*
- *All students with medical diagnoses are not automatically to be considered for eligibility for Other Health Disabilities. Teams are advised to focus on the presenting problems in conjunction with a comprehensive evaluation to determine the appropriate disability category.*
- *Students with some medical diagnoses may demonstrate educational concerns that may lead teams to consider them eligible for other special education categories.*
- *Teams must establish and document a link between the chronic or acute health condition and its adverse effect on a pupil’s educational performance.*
- *When determining eligibility for children birth through age six who have been diagnosed with a syndrome or condition known to hinder normal development, please see Minnesota Rule 3525.1350, Early Childhood Special Education.*

Note: For Initial Evaluations – must meet criteria

For Re-evaluations – must “address” all components of criteria

The team shall determine that a pupil is eligible and in need of special education instruction and services if the pupil meets the criteria in items A and B, as validated by subpart 3, items A through E.

OVER

Other Health Disabilities Criteria Worksheet

Subpart 2. Part A

Yes No

- A.** Medical documentation (dated within the past 12 months for initial evaluations.)*
- (1) written and signed documentation by a licensed physician of a medically diagnosed chronic or acute health condition:

Health Condition

Physician's Name/Date

OR

- (2) in the case of a diagnosis of Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder (ADD or ADHD), there is:
- written and signed documentation of a medical diagnosis of ADD/ADHD by a licensed physician.
 - The diagnosis of ADD/ADHD must include documentation that DSM-IV criteria in items A to E have been met. DSM-IV criteria documentation must be provided by either a licensed physician or a mental health professional licensed to diagnose the condition.

Diagnosis/Physician's Name/Date

*** For diagnosis made more than 12 months prior to the initial evaluation, a signed statement by a physician, verifying that the condition still exists, is sufficient documentation..**

AND

Subpart 2. Part B

Yes No

- B.** In comparison with peers, the health condition adversely affects the pupil's ability to complete educational tasks within routine timelines as documented by **three** or more of the following:
- ___ (1) excessive absenteeism linked to the health condition (*ex. hospitalizations, medical treatments, surgeries, or illnesses*)
 - ___ (2) specialized health care procedures that are necessary during the school day (*ex. catherization, tube feeding, bronchial drainage, medication administration, tracheostomy care*)
 - ___ (3) medications that adversely affect learning and functioning in terms of comprehension, memory, attention, or fatigue (*ex. seizure medication, radiation, chemotherapy*)
 - ___ (4) limited physical strength resulting in decreased capacity to perform school activities
 - ___ (5) limited endurance resulting in decreased stamina and decreased ability to maintain performance (*ex acute/chronic pain, continual effort throughout school day*).
 - ___ (6) heightened or diminished alertness resulting in impaired abilities (*ex. prioritizing environmental stimuli, maintaining focus, sustaining effort or accuracy*)
 - ___ (7) impaired ability to manage and organize materials and complete classroom assignments within routine timelines or
 - ___ (8) impaired ability to follow directions or initiate and complete a task

Total checked: _____ (Must be three or more)

Other Health Disabilities Criteria Worksheet

Subpart 3. Evaluation

The health condition results in a pattern of unsatisfactory educational progress as determined by a comprehensive evaluation documenting the required components of subpart 2, items A and B. The eligibility findings must be supported by current or existing data from items A-E below.

Please note:

- *The following information must be documented as part of a comprehensive evaluation as supportive data.*
- *No one evaluation component (A – E below) should be used to determine or deny eligibility.*

A. An individually administered, nationally normed standardized evaluation of the pupil's academic performance

AND

B. Documented, systematic interviews conducted by a licensed special education teacher with (1) classroom teacher(s) and (2) the pupil's parent or guardian

* Additional or collaboratively conducted interviews/observations may be completed by other team members.

AND

C. One or more documented, systematic observations in the classroom or other learning environment by a licensed special education teacher

* Additional or collaboratively conducted interviews/observations may be completed by other team members.

AND

D. A review of the pupil's health history, including the verification of a medical diagnosis of a health condition

AND

E. Records review

1. cumulative folder

2. school or class attendance (ex. Absenteeism, tardies, time in nurses office))

In addition to the above required eligibility findings, teams may include:

(a) individually administered nationally normed test of intellectual ability

(b) pupil interview

(c) standardized nationally normed behavior rating scale

(d) gross/fine and sensory motor measures

(e) communication measures

(f) functional skills checklists

(g) environmental, socio-cultural and ethnic information

Monitoring and Compliance Checklist

3.4.7 Other Health Disabilities

Student Name: _____ DOB: _____
 Building: _____ Reviewer Name: _____
 Date of Evaluation Report: _____ Eligible: ___YES ___NO

Evaluation. (Must meet initial criteria components) *Reevaluation. (Must address criteria components)*

The team shall determine that a pupil is eligible and in need of special education instruction and services if the pupil meets the criterion in items A and B below:

A. Medical Documentation (**Dated within 12 months for initial evaluations**): Yes No
 1. Written and signed documentation by a licensed physician of a medically diagnosed chronic or acute health condition Yes No
 Health Condition: _____

OR

2. In the case of a diagnosis of Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder: written and signed documentation of a medical diagnosis by a licensed physician. Yes No

DSM-IV criteria, items A-E, must be provided by a licensed physician, mental health, or medical professional licensed to diagnose the condition. Yes No

B. In comparison with peers, the health condition adversely affects the pupil's ability to complete educational tasks within routine timelines as documented by three or more of the following: Yes No

- ___ 1. excessive absenteeism linked to the health condition (e.g., hospitalizations, medical treatments)
- ___ 2. specialized health care procedures needed during the school day
- ___ 3. medications that affect comprehension, memory, attention, or fatigue
- ___ 4. limited physical strength resulting in decreased capacity to perform school activities
- ___ 5. limited endurance resulting in decreased stamina and decreased ability to maintain performance
- ___ 6. heightened or diminished alertness resulting in impaired abilities (e.g., maintain focus, sustain effort)
- ___ 7. impaired ability to manage and organize materials and complete classroom assignments with routine timelines, or
- ___ 8. impaired ability to follow directions or initiate and complete a task

For All Evaluations: The health condition results in a pattern of unsatisfactory educational progress as determined by a comprehensive evaluation documenting the required components in items A and B above.

Findings must be supported by current or existing data from items A-E below: Yes No

- ___ A. individually administered nationally normed standardized evaluation of the pupil's academic performance,
- ___ B. documented systematic interviews conducted by a licensed special education teacher with classroom teachers and the pupil's parent or guardian,
- ___ C. one or more documented systematic observations in the classroom or other learning environment by a licensed special education teacher,
- ___ D. a review of the pupil's health history, including the verification of a medical diagnosis of a health condition, and
- ___ E. record reviews (See MN Rule 3525.1335 for examples).

For complete information regarding disability criteria requirements, refer to Minnesota Rule 3525.1335 Effective: November 26, 2001 CFL Revised: September 2, 2002 Monitoring and Compliance Checklist

ECSE Criteria Crossover

Subitem B	Language From Rule	Interpretation for Pupils Prior Kindergarten	Yes/No
1	Excessive absenteeism	Child is frequently absent from child care or other natural environments	
2	Specializes health care procedures during school day	Child receives specialized health care procedures during hours that older children are typically at school	
3	Medications that adversely affect learning and functioning	Interpreted as written	
4	Limited physical strength resulting in decreased capacity to perform school activities	Limited physical strength resulting in decreased capacity to perform developmentally appropriate tasks	
5	Limited endurance resulting in decrease stamina and decreased ability to maintain performance	Interpreted as written	
6	Heightened or diminished alertness resulting in impaired abilities (ex. prioritizing environmental stimuli, maintaining focus, sustaining effort or accuracy)	Interpreted as written	
7	Impaired ability to manage and organize materials and complete classroom assignments with routine timelines.	Impaired ability to manage and organize materials used in developmentally appropriate activities and complete developmentally appropriate tasks within routine timelines	
8	Impaired ability to follow directions or initiate a task	Interpreted as written	

OHD evaluation procedures for children prior to kindergarten entrance:

- A. An individually administered, nationally normed standardized evaluation of the pupil's developmental performance¹
- B. Documented, systematic interviews conducted by a licensed special education teacher with the pupil's parent or guardian and child care provider, if appropriate
- C. One or more documented, systematic observations in the (1) home or (2) child care or other learning environment in which the child participated by a licensed special education teacher
- D. A review of the pupil's health history, including the verification of a medical diagnosis of a health condition
- E. Records review

List of additional evaluation activities is appropriate as written.

¹Refer to *Early Childhood Special Education Assessment Instruments: A Selected Review for Use in Minnesota* (1997) for a description of possible tools.

Definition

DEFINITION29

Use to explain and demonstrate the meanings of statements used within the criteria and manual.

FEDERAL DEFINITION.....	30
STATE DEFINITION.....	30
CLARIFICATION OF TERMINOLOGY WITHIN CRITERIA.....	30

Federal Definition

Other Health Disabilities means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, which results in limited alertness in the educational environment. These limitations must:

- (i) be 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, and sickle cell anemia; and
- (ii) adversely affect a child's educational performance.

State Definition

"Other Health Disability" means having limited strength, endurance, vitality, or alertness, including a heightened or diminished alertness to environmental stimuli, in the educational environment. These limitations are due to a broad range of medically diagnosed chronic or acute health conditions that adversely affect a pupil's educational performance.

Clarification of Terminology within Criteria

Chronic Health Condition: One 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. Examples would be Crohn's disease, kidney diseases or conditions that require an organ transplant, **OR**, A health condition 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. For example, a child who has had meningitis may suffer from sequelae such as motor problems and cognitive impairment.)

Heightened or Diminished Alertness: 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 Strength: Lack of durability, energy, or vigor that results in decreased capacity to perform school activities.

Limited Endurance: The inability to maintain effort caused by a lack of resilience or stamina.

Excessive Absenteeism: 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 illnesses.

Inadequate Academic Progress: Inadequate progress *in comparison to peers* as measured by these outcomes and which are directly linked to the chronic/acute health condition:

- Grades, test scores, and daily work: Academic work is consistently in the poor-to-failing range.
- Poor work completion: Failure to consistently complete work in a timely manner and results in poor-to-failing academic performance.
- Decrease or change in work output: There is a documented and consistent decrease or change in the amount of work produced that results in poor-to-failing academic performance.
- Decrease or change in independent functioning or organizational skills: There is a documented and consistent decrease in student's independent functioning or organizational skills that results in poor-to-failing academic performance.

Specialized Healthcare Procedures: The 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.

Licensed Physician: A person licensed by the Minnesota Board of Medical Practice to practice medicine in the state of Minnesota or by another state board of medical practice to practice medicine in that state. This includes Medical Doctors and Doctors of Osteopathy. In Minnesota, a person must meet the criteria in Minnesota Statutes 2001, Chapter 147. (147.02 Examination; licensing, 147.03 Licensure by endorsement; reciprocity; temporary permit, 147.031 Examinations and licenses of osteopaths.)

Systematic Interview: Objective and organized means of gathering data from parents and teachers to confirm or validate criteria.

Systematic Observation: An objective and organized means of gathering data to confirm or validate the criteria.

Please see page 43 for suggested interview and observation worksheets.

The definition of acquired brain injury and traumatic brain injury are included here as a means of clarification as teams consider eligibility. Please note that students with an acquired brain injury may be considered eligible for OHD or other categories, a student who meets federal/state definition for traumatic brain injury is considered eligible for TBI. In both cases, the student's cognitive and functioning level should be considered as eligibility decisions are made.

Acquired Brain Injury: For educational purposes, this term refers to various injuries of the brain that are not a result of a traumatic external force injury to the head. Examples include stroke, anoxia, infectious injuries, brain tumor, and lead poisoning.

Traumatic Brain Injury:

Federal Definition: "Traumatic Brain Injury" means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that may adversely affect a child's educational performance. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as: cognition, speech and language; memory; attention; reasoning; abstract thinking; judgment; problem solving; sensory, perceptual and motor abilities; psychosocial behavior; physical functions; and information processing. The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma. (34 CFR: 300.7 [b] [12])

State Definition. "Traumatic brain injury" means an acquired injury to the brain caused by an external physical force, resulting in total or partial functional disability or psychosocial impairment, or both, that may adversely affect a pupil's educational performance and may result in the need for special education and related services. The term applies to open or closed head injuries resulting in impairments in one or more areas, such as: cognition, speech/language, memory, attention, reasoning, abstract thinking, judgment, problem-solving, sensory, perceptual and motor abilities, psychosocial behavior, physical functions, and information processing. The term does not apply to brain injuries that are congenital or degenerative, or brain injuries induced by birth trauma.

Recommended Forms / Checklists

DATA SOURCES GRID TO GATHER EVALUATION INFORMATION.....	34
Utilize this to discuss consideration of OHD. This is a grid that looks at all eight criteria components and check where teams may typically gather that data for evaluation. It describes what each evaluation component measures for evaluation purposes.	
MEDICAL DOCUMENTATION FORM *.....	37
Has data to be collected from the medical setting. *Must have parental permission to request this data.	
MEDICAL DOCUMENTATION FORM FOR ATTENTION DEFICIT HYPERACTIVE DISORDER (ADHD) *.....	39
SYSTEMATIC INTERVIEW/OBSERVATION WORKSHEET	43
This can be used to gather data about how the health condition impacts the student's educational performance. All questions relate to data that must be gathered within the evaluation process.	
PARENT/GUARDIAN INTERVIEW.....	47
SAMPLE COVER LETTER FOR CHECKLIST.....	50
ORGANIZATIONAL AND INDEPENDENT WORK SKILLS CHECKLISTS.....	51
This can be used as a component to determine eligibility as OHD, be part of a re-evaluation or provide teacher information regarding org/ind work skill deficits and skills. The checklists are separated as pre-kindergarten, elementary and middle/high school. This document has been adapted from the physical health disabilities checklist developed by Hennepin County Intermediate District #287.	
SAMPLE EVALUATION FORM.....	61
The following pages provide samples of evaluations to be used for grades 4 and 8.	
OTHER HEALTH DISABILITY OUTLINE OF EVALUATION REPORT.....	65
This document assists teams to determine components of the evaluation required for all and specific to OHD. Can be used with the OHD criteria checklist. Examples are included for summarizing components of Part B, eligibility statements, and statements of educational need.	
SAMPLE INITIAL EVALUATION.....	69
ACCOMMODATIONS/MODIFICATIONS CONSIDERATION CHECKLIST	71
This can be used as a guideline to determine "areas of concern" and as a checklist of typical presenting problems that may need to be addressed in Prior Documented Intervention's, 504 or IDEA evaluation.	

To be used when considering Other Health Disabilities

Data Sources Grid to Gather Evaluation Information

Criterion Components	Evaluation Components	Normed, Standardized Evaluation	Interviews	Observation	Health History	Record Review	Licensed Physician Diagnosis Date:	Licensed Physician Diagnosis of ADHD Date:
Absenteeism linked to Health Condition			X		X	X	X	
Specialized Health Care procedures necessary during school day			X	X	X	X	X	
Medications that adversely affect learning & functioning			X	X	X	X	X	
Limited physical strength (performance)			X	X	X	X	X	
Limited endurance (maintaining effort)		X	X	X	X	X	X	
Heightened or diminished alertness (focus)		X	X	X	X	X	X	X
Manage/organize materials Complete assignments			X	X		X		X
Follow directions initiate and complete a task		X	X	X		X		X
Purpose of data:		Gives a picture of the underlying academic skills of the student	Gives teacher/parent a report of the student's day to day educational function.	Gives "snapshot in time" of ability to function in educational setting	Gives overall picture of health concern's impact on performance and education.	Gives overall picture of educational performance and attendance for each grade completed	Gives current medical diagnosis and any associated conditions or health issues	Gives current medical diagnosis of ADHD and co-morbid conditions

Medical Documentation Form

Medical Documentation Form for
ADHD

Medical Documentation Form *

Date:

From:

To: _____
(Teacher's name) (Address)

For: _____
(Child's name) (Date of Birth)

This child is in the process of being evaluated for special education services. Thank you for your assistance in identifying health conditions that may affect the child's educational performance as the school district makes a determination of eligibility for special education services. If this child has been diagnosed with Attention Deficit Hyperactivity Disorder, please complete the attached two-sided Medical Documentation Form for Attention Deficit Hyperactivity Disorder. (District educational information may be enclosed.)

To be completed by physician:

Medical diagnoses (please list all that apply):

Activity limitations or restrictions (physical education, field trips, recess):

Implications for school attendance (ex. projected absences, homebound):

Medication or specialized health care procedures that are necessary during the school day:

Medications that may adversely affect school performance:

Physician's Signature

Date

**Requires parent release of information.*

*Medical Documentation Form for Attention Deficit Hyperactive Disorder (ADHD) **

(former terminology was ADD or ADHD)

Name: _____ Birthdate: _____

Directions: Please indicate the ADHD diagnostic criteria by circling or documenting those symptoms which are indicated by your evaluation.

Diagnostic Criteria for Attention Deficit Hyperactive Disorder Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV)

A. Either (1) or (2):

- (1) Six (or more) of the following symptoms of **inattention** have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

Inattention

- a) often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities
- b) often has difficulty sustaining attention in tasks or play activities
- c) often does not seem to listen when spoken to directly
- d) often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- e) often has difficulty organizing tasks and activities
- f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
- g) often loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
- h) is often easily distracted by extraneous stimuli
- i) is often forgetful in daily activities

- (2) Six (or more) of the following symptoms of **hyperactivity-impulsivity** have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

Hyperactivity

- a) often fidgets with hands or feet or squirms in seat
- b) often leaves seat in classroom or in other situations in which remaining seated is expected
- c) often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)
- d) often has difficulty playing or engaging in leisure activities quietly
- e) is often "on the go" or often acts as if "driven by a motor"
- f) often talks excessively
- g) Impulsivity
- h) often blurts out answers before questions have been completed
- i) often has difficulty awaiting turn
- j) often interrupts or intrudes on others (e.g., butts into conversations or games)

Over

- B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.
- C. Some impairment from the symptoms is present in two or more settings (e.g., at school or work and at home).
- D. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.
- E. The symptoms do not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder, and are not better accounted for by another mental disorder (e.g., Mood Disorder, Anxiety Disorder, Dissociative Disorder, or a Personality Disorder).

Code based on type:

314.00 Attention Deficit Hyperactivity Disorder, Predominantly Inattentive Type: if Criterion A1 is met but Criterion A2 is not met for the past 6 months

314.01 Attention Deficit Hyperactivity Disorder, Predominantly Hyperactive-Impulsive Type: if Criterion A2 is met but Criterion A1 is not met for the past 6 months

314.01 Attention Deficit Hyperactivity Disorder, Combined Type: if both Criteria A1 and A2 are met for the past 6 months

Coding note: For individuals (especially adolescents and adults) who currently have symptoms that no longer meet full criteria, "In Partial Remission" should be specified.

Comments:

Signature of Physician (required) : _____ Date: _____

Signature of other diagnostician (if applicable; not required): _____ Date: _____

** Requires parent release of information.*

Systematic Interview / Observation Worksheet

Parent / Guardian Interview

Systematic Interview/Observation Worksheet

Student's Name _____ DOB _____ School _____

Medical Diagnosis _____ Physician _____ Date of Diagnosis _____

Interview Date _____	Observation Date(s) _____
Person (s) Interviewed _____	Observation Setting _____
Completed by _____	Completed by _____
Title _____	Title _____

- Information must be gathered from both **Interview (I)** and **Observation (O)**.
- For each item place the appropriate number in the box: 1) adequate 2) adequate with accommodations 3) area of concern
- Documentation should be determined to be significantly discrepant from peers.
- This documentation should include descriptive, narrative examples of the educational concern, and list any current accommodations.

PHYSICAL ABILITY (Document significant discrepancies from peers)

I O

Limited physical strength resulting in decreased capacity to perform school activities:

Limited endurance resulting in decreased stamina and decreased ability to maintain performance.

Level of pain results in decreased ability to perform or maintain performance.

ALERTNESS Heightened or diminished alertness resulting in impaired abilities. (Document significant discrepancies from peers)

I O

• Prioritizing environmental stimuli:

• Maintaining focus/sustaining effort:

• Accuracy of completed task:

ORGANIZATION SKILLS (Document significant discrepancies from peers and if this is an area of concern complete Organization and Independent Work Skills Observation Interview Worksheet for Elementary Secondary or Preschool)

I O

Materials: (Has materials when needed, physical organization of space and materials)

Written Work: (Organized on page in sequential manner, i.e., name at top, items in logical order, capitalization, paragraphs, etc.)

Thoughts: (Tells thoughts or stories sequentially – beginning, middle, and end, stays on topic)

WORK COMPLETION WITHIN ROUTINE TIMELINES (Document significant discrepancies from peers)

I O

Self-Initiates: (Ability to independently begin a task)

Displays On-Task Behavior: (Ability to continue working on a task)

Follows Directions: (Can follow directions given to the entire class without individual assistance)

Homework: (Independently keeps track of assignments, completes them and hands them in on time)

Participates in Group Activities:

Number of Assignments Given ____ Assignments Turned In ____ Assignments Late ____

Work Completion: (Unassisted, adult assisted, peer assisted)

INDEPENDENCE (Document significant discrepancies from peers)

I O

Movement Through School Environment: (Gets to destination without support needed due to strength, endurance, behavior, or attention)

Clothing/Bathroom/Lunchroom: (Can manage these self care activities without assistance)

Motoric Management of Materials: (Uses computer, books, notes, pencil, scissors, desk, locker)

Level of Self-Advocacy: (Requests help, can tell others about disability and needed accommodations and modifications)

FUNCTIONAL LEVEL OF ACADEMIC PERFORMANCE (Daily classroom performance in relation to peers)

I O

Reading:

Comprehension

Fluency

Decoding

Math:

Computation

Reasoning

Written Language:
Math
Language

Other:

PEER INTERACTION (Document significant discrepancies from peers)

I O
 Student with Peers: (Does the student initiate and interact appropriately?)

Peers with Student: (Do others include student and interact appropriately?)

INTERFERING BEHAVIORS (Document significant discrepancies from peers)

I O
 Distracting to Self or Others:

Impulsive Behavior:

MAIN STRENGTHS

I
 Parents:

General Education Teacher/Other Staff:

MAIN CONCERNS

I
 Parents:

General Education Teacher/Other Staff:

7. How would you like to communicate with school staff about your child and the medical condition?

Do you prefer one contact person?

8. Have you talked to the school nurse about medications or health concerns?

9. Share examples of how your child organizes themselves at home to things like: chores, getting ready for school in the morning and room cleaning.

10. How much time does your child typically spend on homework each evening?

How much assistance do you need to provide?

What strategies have worked at home?

11. Does your child have friends in your neighborhood? Same age, older or younger?

Sample Cover Letter for Checklist

**Organizational and Independent
Work Skills Checklists**

SAMPLE COVER LETTER FOR CHECKLIST

Date: _____

To: _____

Regarding Student: _____

From: _____

The attached checklist, "Organizational and Independent Work Skills in the Classroom", will assist staff in determining if a student meets OHD criteria, may serve as part of an educational re-assessment and provide classroom teachers information to help identify student needs in organizational and independent work skills that are related to a variety of disabilities.

The following guidelines are suggested when completing the worksheet:

Definition of categories:

Independent: Performance in skill area meets or exceeds classroom expectations.

Area of Concern/
Needs Assistance: Performance in skill area does not meet classroom expectations.

Current Adaptations/
Or Comments: Student is currently being provided with adaptations to curriculum or environment such as an organizational system, or provided with assistance (i.e. paraprofessional).

Comments should always be made whenever an area of concern is noted.
Please note strengths when appropriate.

Thank you for your time and assistance.

Please return to: _____

Or _____

Instructions

Organizational and Independent Work Skills Checklists

**PreKindergarten-Kindergarten
Elementary
Middle School and High School**

These three checklists are designed to assist teachers or other related professionals in the identification of needs in the area of organizational and independent work skills in the classroom. These checklists provide an observational and interview tool to address deficits in education that are related to organization and working independently. They are not required but are a suggested way to address this section of the criteria. The checklists can also be used as a format for student interviews.

Each skill area should be rated and/or described as follows:

Independent – student is able to complete the skill or tasks at a quality or rate similar to their peers.

Area of concern/Needs Assistance – student is not able to complete the skill or task at a quality or rate similar to their peers.

Adaptations/Comments – clarification of student’s skills, noting current adaptations.

PreKindergarten-Kindergarten Organizational and independent work skills checklist

Student's Name: _____

Grade: _____

School: _____

Setting: _____

Date: _____

Completed by: _____

	Independent	Area of concern/ Needs Assistance	Current Adaptations/Comments
Organization and Work Skills			
Follows classroom routines			
rules			
schedules			
Follows 1-2 step direction			
Attends to group instruction			
Begins task/activity			
Finishes task/activity within the time allotted			
Knows when task/activity is complete			
Corrects mistakes given verbal feedback			
Transitions from one activity/setting to another			
Within the allowed time			
With needed materials and supplies			
Uses free time appropriately (chooses an activity/playmate, plays			
Participates actively in group activities/projects			
Seeks adult/peer help appropriately			
Motor – related to strength/endurance/pain management			
Moves through natural school environment in a safe and timely manner (including emergency evacuation)			
Demonstrates stability at table, on chair, or floor			
Participates in learning movement activities similar to peers			
Utilizes all natural school environments (i.e. lunchroom, playground, bathroom stage)			
Meets personal needs (eating, dressing, toileting) in natural environment at school			
Stabilizes paper while using pencils, crayons, and markers			
Picks up/holds, turns pages of books			
Manipulates educational materials (puzzles, blocks)			
Uses school supplies (markers, scissors, eraser, paste/glue, paints)			
Manages back pack			
Stores/retrieves materials in an orderly and timely manner			
Operates standard computer/mouse			

Please Complete Both Sides of Form

Elementary Organizational and independent work skills checklist

Student's Name: _____

Grade: _____

School: _____

Setting: _____

Date: _____

Completed by: _____

	Independent	Area of concern/ Needs Assistance	Current Adaptations /Comments
Organization and Work Skills			
Follows classroom routines			
rules			
schedules			
Follows verbal directions			
Follows written directions			
Follows multi-step directions in sequence			
Listens and works without distraction			
Begins work/tasks			
Finishes work/tasks within time allotted			
Knows when work is complete			
Corrects mistakes and edits work			
Turns in work on time			
Takes notices and appropriate materials home to complete homework			
Returns completed homework with time allotted			
Transitions from one classroom activity/setting to another			
within the time allowed			
with needed materials and supplies			
Uses free time appropriately			
Participates actively in class discussions/group activities/projects			
Requests help appropriately (teacher/support staff/peer) to clarify classroom requirements or meet personal needs			
Motor – related to strength/endurance/pain management			
Moves through natural school environment in a safe and timely manner (including emergency evacuation)			
Demonstrates stability at table, on chair, or floor			
Participates in physical education class			
Utilizes all natural school environments (i.e. lunchroom, playground, bathroom stage)			
Meets personal needs (eating, dressing, toileting) at school			
Produces written work that is legible and completed within time lines, without fatigue			
Uses school supplies (markers, scissors, eraser, paste/glue/paints)			
Manages books, materials, and backpack			
Stores/retrieves materials in an orderly and timely manner			
Operates standard computer/mouse			

Please Complete Both Sides of Form

Middle School and High School Organizational and independent work skills checklist

Student's Name: _____

Grade: _____

School: _____

Setting: _____

Date: _____

or _____ Student Interview

Completed by: _____

	Independent	Area of concern/ Needs Assistance	Current Adaptations/ Comments
Organization and Work Skills			
Follows daily class schedule			
Uses and follows assignment book/planner			
Organizes and studies course materials			
Listens and works without distraction			
Begins and completes work within time allotted			
Understands assignment expectations			
Turns in work on time			
Completes tests			
Obtains and completes makeup assignments when absent			
Transitions from one classroom activity/setting to another			
within the time allowed			
with needed materials and supplies			
Uses independent time appropriately			
Participates actively in class discussions/group activities/projects			
Advocates for self to clarify classroom requirements or meet personal needs			
Motor – related to strength/endurance/pain management			
Moves through natural school environment in a safe and timely manner (including emergency evacuation)			
Participates in physical education class			
Utilizes all natural school environments (i.e. lunchroom, playground, bathroom stage)			
Meets personal needs (eating, dressing, toileting) within the daily schedule			
Produces written work that is legible and completed within time lines, without fatigue			
Manages school materials and belongings in a timely manner			
Organizes school materials, folders, locker			
Operates standard computer/mouse			

Please Complete Both Sides of Form

Evaluation

	NOTICE OF EDUCATIONAL EVALUATION/REEVALUATION PLAN (Page 1 of 2)
--	--

Student Name: Jane Doe
 School: _____ Grade: 4

Date: _____
 DOB: 4/3/1992

Dear: _____:

- a. This notice is for an initial evaluation to determine your child's eligibility for special education. The school district must receive your signed permission before it can begin the evaluation.
- b. This notice is for a reevaluation. (Select one of the boxes below.)
 - Based on a review of existing data regarding your child, additional testing is needed to determine if your child continues to have a disability and needs special education services.
 - Based on a review of existing data as described below, additional testing is not needed to determine whether your child continues to have a disability and continues to be in need of special education services.

Describe other options or factors that were considered relevant to this evaluation such as behavior, blindness or visual impairment, deafness or hard of hearing, assistive technology, race, culture, or language:

Following is a statement of adaptations needed to conduct this evaluation:

Area(s)	Materials and Procedures	Evaluator's Title
<input checked="" type="checkbox"/> Intellectual Functioning	<ul style="list-style-type: none"> • Woodcock Johnson III Tests of Cognitive Abilities 	School Psychologist
<input checked="" type="checkbox"/> Academic Performance	<ul style="list-style-type: none"> • Woodcock Johnson tests of Achievement • Information Processing Checklist <ul style="list-style-type: none"> • Review of Academic Performance 	Special Education Teacher
<input checked="" type="checkbox"/> Social, Emotional, Behavioral	<ul style="list-style-type: none"> • Home and Family Interview 	School Psychologist
<input checked="" type="checkbox"/> Communication	<ul style="list-style-type: none"> • Comprehensive Assessment of Spoken Language • Test of Auditory-Perceptual Skills-Revised <ul style="list-style-type: none"> • Observational Rating Scales 	Speech/Language Pathologist
<input checked="" type="checkbox"/> Motor Ability	<ul style="list-style-type: none"> • Beery-Buktenica Developmental Test of Visual-Motor Perception • Classroom Observations • Checklists • Test of Gross Motor Development 	Physical Therapist Occupational Therapist DAPE Teacher
<input checked="" type="checkbox"/> Functional Skills	<ul style="list-style-type: none"> • Organization and Independent Work Skills/Motor Skills Checklist • Parent Interview /Teacher Interview • Student Observation • School Function Assessment 	Special Education Teacher
<input checked="" type="checkbox"/> Physical Status	<ul style="list-style-type: none"> • Review of Medical Records • Obtain Current Medical Reports • Obtain Verification of Medical Diagnosis • Review Attendance Records 	Licensed School Nurse Physical Therapist
<input checked="" type="checkbox"/> Sensory Status	<ul style="list-style-type: none"> • Update Vision and Hearing Screening • Sensory Profile • Classroom Checklist • Staff Interview 	Licensed School Nurse Occupational Therapist
<input type="checkbox"/> Transition, including Vocational		
<input checked="" type="checkbox"/> Other procedures:	<ul style="list-style-type: none"> • Classroom Observation 	Special Education Teacher

Page 2 Evaluation Notice Student Name _____

The evaluation will be conducted at _____ and is provided at
no cost to you. (Location)

Note to parent(s): If you have questions, please contact:

Name Position Telephone

Resources you may contact for further information about parent rights and procedural safeguards:

- ARC Minnesota (Advocacy for Persons with Developmental Disabilities): 651-523-0823, 1-800-582-5256
- Family Service Inc., Learning Disabilities Program: 651-222-0311, 1-800-982-2303, TTY: 651-222-0175
 - MN Disability Law Center: 612-332-1441, 1-800-292-4150, TTY: 612-332-4668
 - MN Department of Education: 651-582-8689, TTY: 651-582-8201
- PACER (Parent Advocacy Coalition for Education Rights): 952-838-9000, 1-800-53-PACER, TTY: 952-838-0190

PARENT ACTION

Parent(s): If "box a" is checked on page 1, select one of the options below, sign and date this form, and return this right away. The school district must receive your signed permission before it can begin the evaluation.

I give permission to the school district to proceed with the evaluation as proposed.

I do not give permission for the school to proceed with the evaluation as proposed. I understand that you will contact me to offer a conciliation conference or mediation. I understand that I (or the district) have the right to proceed directly to a due process hearing.

Parent(s): If "box b" is checked on page 1, select one of the options below, sign and date this form, and return this form right away. If your signed permission is not received, the district will wait 14 calendar days before beginning. If you object in writing within 14 calendar days after receiving this notice, the district will not begin the evaluation.

I agree with the evaluation plan. I understand that an evaluation report will be written within 30 school days (ages 3-21) or 45 calendar days (birth through age 2).

I do not agree with the group's decision. I request that further evaluation be done.

Parent Signature (Student if age 18 or older) Date

Enclosure: Notice of Procedural Safeguards

Date Received by District

(for district use only)

Evaluation Completion Due:

[30 school days (age 3-21)]
[45 calendar days (birth through age 2)]

This form is available in several languages, Braille, or other formats. Contact the IEP manager for an alternative format.

	NOTICE OF EDUCATIONAL EVALUATION/REEVALUATION PLAN (Page 1 of 2)
--	--

Student Name: John Doe Date: _____
 School: _____ Grade: 8 DOB: 3/2/1988

Dear: _____ :

- a. This notice is for an initial evaluation to determine your child's eligibility for special education. The school district must receive your signed permission before it can begin the evaluation.
- b. This notice is for a reevaluation. (Select one of the boxes below.)
- Based on a review of existing data regarding your child, additional testing is needed to determine if your child continues to have a disability and needs special education services.
 - Based on a review of existing data as described below, additional testing is not needed to determine whether your child continues to have a disability and continues to be in need of special education services.

Describe other options or factors that were considered relevant to this evaluation such as behavior, blindness or visual impairment, deafness or hard of hearing, assistive technology, race, culture, or language:

Following is a statement of adaptations needed to conduct this evaluation:

Area(s)	Materials and Procedures	Evaluator's Title
<input type="checkbox"/> Intellectual Functioning		
<input checked="" type="checkbox"/> Academic Performance	<ul style="list-style-type: none"> • Woodcock Johnson tests of Achievement <ul style="list-style-type: none"> • File Review of Academic Achievement 	Special Education Teacher
<input checked="" type="checkbox"/> Social, Emotional, Behavioral	<ul style="list-style-type: none"> • Behavior Assessment Scale for Children: BASC 	School Psychologist
<input checked="" type="checkbox"/> Communication	<ul style="list-style-type: none"> • Clinical Eval. of Language Fundamentals-3:CELF • Peabody Picture Vocabulary Test-3:PPVT • Expressive Vocabulary Test • Communication Rating Scale 	Speech/Language Pathologist
<input type="checkbox"/> Motor Ability		
<input checked="" type="checkbox"/> Functional Skills	<ul style="list-style-type: none"> • Organization and Independent Work Skills/Motor Skills Checklist • Functional Teacher Interview • Parent Interview 	Special Education Teacher
<input checked="" type="checkbox"/> Physical Status	<ul style="list-style-type: none"> • Review of Health History • Review of Medical Records/ Verification of Medical Diagnosis • Obtain Current Medical Records 	Licensed School Nurse
<input checked="" type="checkbox"/> Sensory Status	<ul style="list-style-type: none"> • Update Vision/Hearing Screening 	Licensed School Nurse
<input checked="" type="checkbox"/> Transition, including Vocational	<ul style="list-style-type: none"> • Transition Planning Inventory • Student Transition Interview 	Special Education Teacher
<input checked="" type="checkbox"/> Other procedures:	<ul style="list-style-type: none"> • Classroom Observation 	Special Education Teacher

The evaluation will be conducted at _____ and is provided at
no cost to you. (Location)

Note to parent(s): If you have questions, please contact:

Name Position Telephone

Resources you may contact for further information about parent rights and procedural safeguards:

- ARC Minnesota (Advocacy for Persons with Developmental Disabilities): 651-523-0823, 1-800-582-5256
- Family Service Inc., Learning Disabilities Program: 651-222-0311, 1-800-982-2303, TTY: 651-222-0175
 - MN Disability Law Center: 612-332-1441, 1-800-292-4150, TTY: 612-332-4668
 - MN Department of Education: 651-582-8689, TTY: 651-582-8201
- PACER (Parent Advocacy Coalition for Education Rights): 952-838-9000, 1-800-53-PACER, TTY: 952-838-0190

PARENT ACTION

Parent(s): If "box a" is checked on page 1, select one of the options below, sign and date this form, and return this right away. The school district must receive your signed permission before it can begin the evaluation.

I give permission to the school district to proceed with the evaluation as proposed.

I do not give permission for the school to proceed with the evaluation as proposed. I understand that you will contact me to offer a conciliation conference or mediation. I understand that I (or the district) have the right to proceed directly to a due process hearing.

Parent(s): If "box b" is checked on page 1, select one of the options below, sign and date this form, and return this form right away. If your signed permission is not received, the district will wait 14 calendar days before beginning. If you object in writing within 14 calendar days after receiving this notice, the district will not begin the evaluation.

I agree with the evaluation plan. I understand that an evaluation report will be written within 30 school days (ages 3-21) or 45 calendar days (birth through age 2).

I do not agree with the group's decision. I request that further evaluation be done.

Parent Signature (Student if age 18 or older) Date

Enclosure: Notice of Procedural Safeguards

Date Received by District

(for district use only)

Evaluation Completion Due:

[30 school days (age 3-21)]
[45 calendar days (birth through age 2)]

This form is available in several languages, Braille, or other formats. Contact the IEP manager for an alternative format.

Other Health Disability Outline of Evaluation Report

		Evaluation Report
<input checked="" type="checkbox"/> Initial Evaluation	Name:	DOB:
<input type="checkbox"/> Reevaluation	School:	Grade:
Date of Report:		

This evaluation report must include:

- Information reported by parents
- Evaluation results
- Interpretation of evaluation results and determination of eligibility by addressing criteria components verifying the child is a child with a disability and is in need of (or continues to need) special education and related services
- The educational needs of the child
- SLD written report components (for SLD evaluation only)

Additional components when considering OHD:

- State reason this student was referred for special education evaluation. Summarize current concerns and presenting problems in the educational setting
- State medical diagnosis, name of licensed physician, for initial evaluation dated within 12 months

Information Reported by Parents

- Must summarize the information gathered through a documented, systematic interview conducted by a licensed special education teacher with the student’s parent or guardian
- Summary of information if gathered by other team members such as psychologist, social worker, occupational therapist, etc.

Evaluation Results

- Summarize the results of each of the areas evaluated, A through E plus any other areas determined by the team such as intellectual, language, motor, etc.

Interpretation of Evaluation Results and Determination of OHD Eligibility

- State clearly the link between the health condition and adverse effects on educational functioning.

- Link must be in comparison to peers
- Link must document adverse affect on completion of educational tasks within routine timelines.
- The links must be documented in 3 or more of the 8 components in Part B of criteria. Below are examples of linkages.

Example of component #1: Excessive absenteeism linked to health condition.

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 at this time.

Example of component #6: Heightened or diminished alertness resulting in impaired abilities.

This 3rd grade student is distracted by movement or sound in the classroom and he constantly looks up from math work. He loses focus and is unable to return to any academic effort without adult redirection. His work completion is slow and the amount is less than 50% in comparison to his 3rd grade peers.

Example of component #7: Impaired ability to manage and organize materials and complete classroom assignments within routine timelines.

This 9th grade student has difficulty organizing his homework and completing homework assignments. Typically he reports that he has lost his homework or finds partially finished assignments stuffed in his locker. Teachers report that he does not follow through on turning in assignments, even with teacher reminders. Compared to his peers, his completion rate is very poor.

Example of component #8: Impaired ability to follow directions or initiate and complete a task.

Student is in grade 4 and is unable to work independently for more than 2 – 3 minutes without adult intervention or cueing. The teacher reports that she/he gives group task completion instructions and must verbally repeat directions and check 1 – 2 times during lesson to determine if student understands the directions, has initiated the task or is near completion of the task in comparison to classmates. This student displays this lag within all subject areas. The teacher reports this behavior results across all assignments and does not appear to be subject specific.

Eligibility is not established if:

A. There is no evidence of:

- 1) written and signed documentation by a licensed physician or a medically diagnosed chronic or acute health condition; or
- 2) in the case of a diagnosis of Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder, there is no written and signed documentation of a medical diagnosis by a licensed physician (M.D. Medical Doctor or D.O. Doctor of Osteopathy) or the documentation does not show that DSM-IV criteria in items A to E have been met. DSM-IV criteria documentation must be provided by either a licensed physician or a mental health or medical professional licensed to diagnose the condition. *Remember the licensed physician's signature is required.
- 3) For initial evaluation, all documentation is not dated within the previous 12 months.

or

B. There is:

- 1) no excessive absenteeism linked to the health condition or illness;
- 2) no specialized health care procedures that are necessary during the school day;
- 3) no medications that adversely affect learning and functioning in terms of comprehension, memory, attention, or fatigue;
- 4) no limited physical strength resulting in decreased capacity to perform school activities;
- 5) no limited endurance resulting in decreased stamina and decreased ability to maintain performance;
- 6) no heightened or diminished alertness resulting in impaired abilities, for example, prioritizing environmental stimuli; maintaining focus; or sustaining effort or accuracy;
- 7) no impaired ability to manage and organize materials and complete classroom assignments within routine timelines; or
- 8) no impaired ability to follow directions or initiate and complete a task.

Eligibility is established if part “A” (diagnosis) and part “B” (presenting problems) of criteria is documented through the items in part “C”(criteria).

Sample eligibility statement:

- John meets eligibility criteria for Other Health Disabilities because:
 - A. He has a medical diagnosis of leukemia as documented by H. Jones, M.D. at Midvale Hospital dated 1/2/02 (letter stapled to back of this report).
 - B. There is documentation in this summary report that his health condition adversely affects his ability to complete educational tasks within routine timelines as documented by:
 - (1) John’s attendance records show excessive absenteeism linked to his diagnosis of leukemia, 13 days in the hospital and a total of 16 days at home in the past 4 months because of adverse effects of his chemotherapy.
 - (2) The medications in John’s chemotherapy regime cause him to experience difficulties with comprehension, memory and fatigue.
 - (3) John’s limited physical strength is related to his leukemia and especially during his chemotherapy regimes he has decreased capacity to perform school activities (phy. ed., long written assignments).
 - (4) John’s limited endurance is also related to his leukemia and especially during his chemotherapy regimes he shows decreased stamina to maintain performance and requires a rest period one to two times per day in the nurses office.

Educational Needs

- State current educational needs as linked to the health condition and documented through the evaluation process.
- State the needs in terms of the student, not in terms of services recommended.

Sample Needs Statement:

- Due to his health related absences, John has experienced gaps in his instruction and needs to learn multiplication skills.
- Due to his medication regime, John is experiencing difficulties with comprehension and memory. He needs instruction delivered with repetition and a multi-sensory approach.
- Due to his limited strength and endurance, John needs rest periods in the nurse’s office one to two times per day.
- Due to his limited strength and endurance, John needs a decreased amount of written work.

SAMPLE INITIAL EVALUATION

Sean Pann

DOB: 9/4/90

Initial Evaluation--simplified

Grade 5

Age 11

Report: 10-18-02

Information from Parents:

(Might also be called "Background Info", so that PRI info could be included)

Results of Evaluation:

- A) Academic performance:
- B) Systematic interviews—classroom teachers and parent
- C) Systematic observation
- D) Health history review
- E) Record review

Interpretation of Results:

State criteria for Other Health Disabilities contains two components that must be documented for the student to be eligible for special education services. In addition, the student must have a need for specially designed instruction.

Component 1: Medical Documentation

Sean was diagnosed on 8/25/02 with Attention Deficit Disorder by Dr. Ben Obiwan after a DSM-IV evaluation identifying the disorder was completed by Dr. Sigmund Fried.

Component 2: In comparison to peers, the Attention Deficit Disorder adversely affects Sean's ability to complete educational tasks within routine timelines as documented by:

- a) heightened alertness resulting in impaired abilities—Sean's off-task behavior of 60% compared to peer (20%) in observations and a review of his academic record indicates repeated incidents of Sean's inability to focus.
- b) Impaired ability to manage and organize materials and complete classroom assignments within routine timelines—Sean has an assignment completion rate of 40% and a late-turn-in of 80%, although his academic performance indicates that he has the skills to complete the tasks.
- c) Impaired ability to follow directions—Teachers and parents indicate difficulty as documented in the interviews and the observations.

Sean's health condition results in a pattern of unsatisfactory educational progress as documented above.

Educational Needs:

Sean needs to improve his on-task behaviors

Sean needs to complete tasks within routine timelines.

In his evaluation dated 10-18-02, Sean was identified as Other Health Disability because of his inability to complete educational tasks in routine timelines due to his ADD diagnosis. Last year, Sean worked on his on-task behavior. He began at 60% off-task as compared to 20% off-task behavior by a peer. The team identified several classroom adaptations that appeared to work: seated in back by teacher desk, assignments were given in chunks, positives were provided frequently. Sean was also allowed to "run errands" and was given responsibilities at least once every subject period.

At this time, Sean is able to respond to non-verbal cues that help him be more on-task. A recent observation indicated that he was on-task 75% of the time compared to 82% by a peer. However, the teacher or paraprofessional in the classroom gave him 15 non-verbal cues during the 45 minute observation. His parents state that Sean will sometimes say to himself "wait" or "don't do it". They had never seen him do that before. The team felt that with continued support Sean could learn to self-monitor his behavior.

GOAL: Sean will maintain or improve his on-task behavior of 75% while reducing the number of outside non-verbal cues from 15 to 8.

OBJECTIVES:

When given a chart and a silent timer set for 3 minutes, Sean will self-monitor his on-task behavior reducing the non-verbal cues from others to 11, while maintaining 75% or better on-task behavior as measured by observation notes.

When given a chart and a silent timer set for 5 minutes, Sean will self-monitor his on-task behavior reducing the non-verbal cues from others to 8, while maintaining 75% or better on-task behavior as measured by observation notes.

ACCOMMODATIONS/MODIFICATIONS CONSIDERATION CHECKLIST

Student: _____

Date of Birth: _____

School: _____

Date: _____

DOES THE STUDENT:	NEED TO CONSIDER	NOT NEEDED	COMMENTS
1. Have diagnosis by a physician as having a health condition? Condition: _____			
2. Require school health services: medications _____ healthcare procedures _____ for the health condition.			
3. Require accommodations in teaching strategies and curriculum such as: compensation for work completion, curriculum modifications and adaptations.			
4. Require accommodations for organization and independent work skills such as: daily planners, notetakers, modified assignments or tests.			
5. Require adjustments of the school environment or schedule due to a health condition such as rest needed following a seizure, limitation for physical activity, periodic breaks for endurance, part-time schedule, homebound instruction, building modifications for access, additional time allotted for passing between classes.			
6. Require accommodations utilizing behavioral management techniques such as self monitoring tools, peer tutors, reinforcement programs, medication compliance, etc.			
7. Require development of self-advocacy skills and independence related to their health condition and self care.			
8. Require accommodations in areas of gross and/or fine motor skills such as ambulation, writing, self care, daily living skills, etc.			
9. Require accommodations for major safety considerations such as special transportation, emergency care plan, additional supervision, health monitoring and emergency evacuation plan.			

Health Services

HEALTH SERVICES 73

Use these documents to review the role of the school nurse and components of an individual health plan.

ROLE OF THE LICENSED SCHOOL NURSE 74

INDIVIDUALIZED HEALTHCARE PLAN (IHP) 76

Role of the Licensed School Nurse

The school nurse has an important role to play in special education. Here are some ways a nurse can participate in the evaluation and planning for students with Other Health Disabilities:

Participate as a member of the Child Study Team

Help with the evaluation of the Sensory Status and Health / Physical Status of students for initial and reevaluation for special education services. This could include:

- **Sensory Status**

- a) Auditory – hearing screening
- b) Visual – vision screening
- c) Other sensory issues as appropriate

- **Health / Physical Status**

- a) Health history, including review of health records
- b) Current health status, including current medical diagnosis and treatment plans, growth pattern, nutritional pattern, sleep pattern
- c) Student's knowledge about health condition(s)
- d) Student's self-care skills as related to the health condition
- e) Social/emotional status, including peer relationships, relationships with parents, teachers, and coaches.
- f) Activity tolerance and endurance
- g) Healthcare access
- h) School-attendance pattern

Develop Individualized Healthcare Plans (IHP) for students, including relevant nursing diagnoses, student goals, student outcomes, interventions, and evaluation criteria.

Develop Emergency Care Plans (ECP) for students who have known health conditions that may result in a medical emergency. ECP may include specific steps and procedures to follow if an emergency occurs.

Assist in development of Emergency Evacuation Plans (EEP) for students who have a health condition that requires special considerations for environmental emergencies.

Assist in development of Individualized Educational Plan (IEP) and Individual Interagency Intervention Plan (IIIP), including appropriate student health related goals, objectives, and adaptations.

Assist in obtaining written documentation of health condition(s) from physician.

Assist in interpreting medical information to the Child Study Team, including the current or potential impact on ability to learn or function in the educational environment.

Determine the student's healthcare needs and the necessary health-related services that are needed during the school day to maintain the student's current health status and that will allow the student to benefit, or be able to participate, in his or her educational program.

Help to identify specific accommodations needed to remove or remediate health-related barriers.

Provide or develop a system for the provision of health-related services that are necessary for students to participate in their educational program: including how the procedures are performed and how they are documented. For example:

- Specific healthcare procedures, such as gastrostomy tube feedings, tracheotomy care, bronchial drainage, administration of oxygen, urinary catheterization, ostomy care
- Administration of medications.

Delegate, train and supervise unlicensed assistive personnel in providing health-related services. (Based on professional school nursing judgment and as defined in the Minnesota Nurse Practice Act.)

Assist in obtaining resources, as needed, for inclusion of students with health conditions in the classroom or school setting, including space and privacy for specialized healthcare procedures, special supplies, or equipment.

Provide educational opportunities that help students learn more about their condition, develop self-care skills, and become more independent.

Help with inservice programs for teachers, staff, parents, and students.

Develop liaisons and collaborate with parents, healthcare providers, and others who work with students, especially in the communication of information and planning for discharge and transition.

Individualized Healthcare Plan (IHP)

An Individualized Healthcare Plan is an individualized plan of nursing care for a student, for use in the school setting. An IHP is developed, written, implemented, and evaluated by a licensed school nurse, in collaboration with the student, the student's parents, health care provider(s), and school staff. An IHP can include an Emergency Care Plan (ECP) and/or an Emergency Evacuation Plan (EEP), or it can stand alone. An IHP can be attached to the student's Individualized Educational Plan (IEP).

The components of an IHP are:

- **assessment:** health history and current health and sensory status
- **nursing diagnosis:** problem statement, the effects of the health condition as it pertains to the student
- **goals:** overall desired results that are student-focused
- **interventions:** actions to be taken to achieve the goals and desired outcomes
- **outcomes:** how the student will be healthier as a result of interventions, what the student is expected to do
- **evaluation:** measurement of achievement of goals and expected outcomes

Assessment Data	Nursing Diagnosis	Goals	Nursing Interventions	Expected Outcomes
Interview of student, family, school staff	NANDA Nursing Diagnoses	Overall desired result	Actions to be taken to achieve the desired outcomes	What the student is expected to do, learn, or experience
Review of pertinent past and current records: nursing, medical, educational, IHP, ECP, IEP, 504	Problem statement	Basic for nursing interventions	Goal-oriented	Measurable in positive or negative terms
Consultation with other providers: MD, hospital, home care, counseling agencies	Summarized the present status of the student	Basis for student outcomes	May vary across settings	Short- or long-term
Physical assessment	Types: actual, risk for, wellness	Measurable	Implemented by various school staff	Specific in content and time
Self-care skills	Effects of a given situation on student	Short- or long-term	Direct or indirect	Realistic and achievable
Vision and hearing	Contains several elements: current concerns, contributing factors, student response	Clear and concise	Nurse, physician, or other provider initiated	
Psychosocial status				

Source: Omelas, D. Chapter 1: Individualized Healthcare Plans, in Arnold, MJ and Silkworth, CD, Editors. (1999), The School Nurse's Sourcebook of Individualized Healthcare Plans: Issues and Applications in School Nursing Practice, North Branch, MN: Sunrise River Press

Which students need to have an IHP?

Not every student who qualified for special education services, under Other Health Disability or any other disability category, requires an IHP. Selected students with chronic or acute health conditions that require daily or regular nursing care, who have multiple healthcare needs that require health services during the day or whose healthcare needs are to be met through an IEP may require an IHP.

ADHD

ADHD77

Resources in this chapter can be used for training teams to demonstrate examples of how children with ADHD may be eligible for special education and related service or a 504 plan and accommodations. This chapter also contains information from the American Academy of Pediatrics (AAP) regarding evaluation recommendations as well as an article from the ADHD Report outlining IDEA 97 and eligibility possibilities in special education.

WHEN ADHD IS OHD.....	78
AAP RELEASES NEW GUIDELINES FOR DIAGNOSIS OF ADHD.....	79
ADHD AND IDEA: A GUIDE FOR HEALTH AND MENTAL HEALTH PROFESSIONALS.....	81

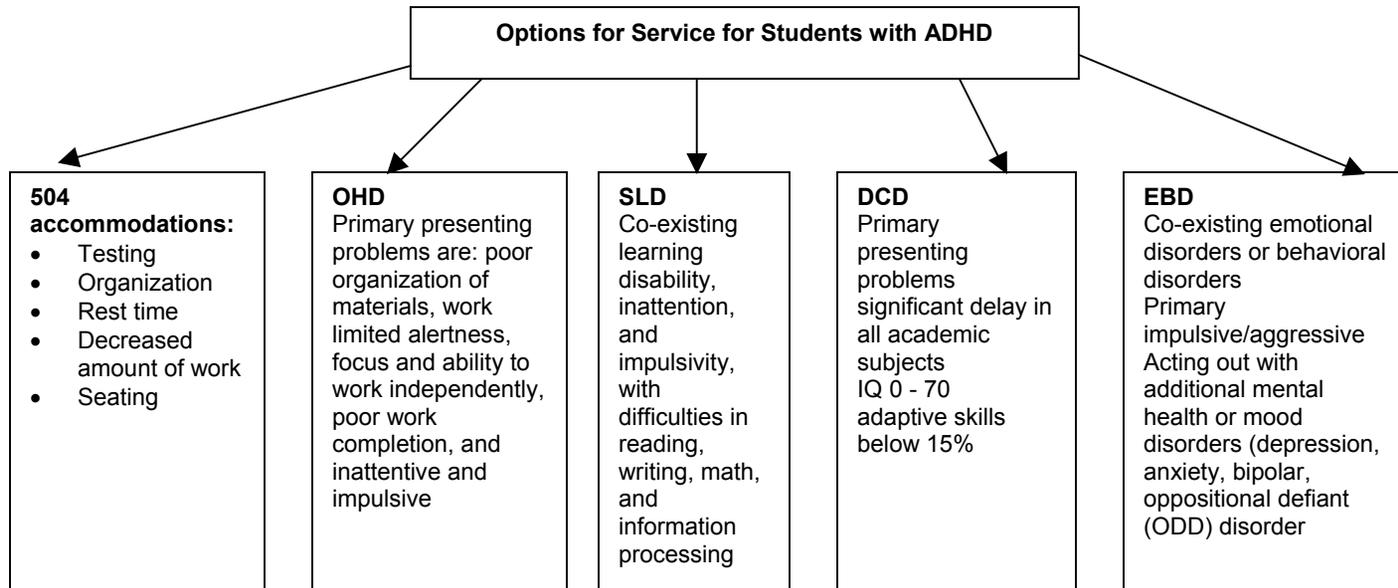
When ADHD is OHD

Research shows that children with Attention Deficit Hyperactivity Disorder commonly have co-existing conditions and diagnoses that adversely affect educational performance. Students with ADHD may be eligible for special education services in a variety of categories depending on how ADHD and the co-existing conditions manifests themselves in the educational setting. Child Study Teams need to maintain a wholistic perspective on a child being evaluated for special education services. In situations where the evaluation process identifies multiple issues the team must weigh the information to determine the appropriate eligibility category. This requires careful analysis of the presenting problems. In addition, a medical diagnosis of ADHD does not assure accommodations, specialized instruction or related service. Each student must have an educational evaluation to determine eligibility for any special education or 504 services.

Example 1: A student is diagnosed as oppositional defiant and ADHD. The evaluation information identifies presenting problems as defiance of authority, refusal to comply with directions from adults, threatened aggression towards peers, refusal to complete assignments, and frequent use of inappropriate language. The presenting problems indicate the student should be considered for eligibility as Emotional Behavior Disorder (EBD).

Example 2: A student is diagnosed with ADHD. The evaluation information clearly identifies presenting problems as inability to remain focused on a task, poor organizational skills, consistent out of seat behavior, and some difficulty with peer relations. The presenting problems indicate the student should be considered for eligibility as Other Health Disabilities (OHD).

Example 3: A student is evaluated and has a full scale IQ of 62. The adaptive skills are all below the 15th percentile. Behaviors of concern are noted as inability to remain focused on a task, assistance needed with self-care tasks, lack of organizational skills, and inability to work independently for more than 3-5 minutes. Evaluation shows that the student is 2 years behind peers in all academic subjects. The parent has a note from the doctor stating the child has ADHD. The evaluation data indicates the student should be considered for eligibility as Developmental Cognitive Disabilities (DCD)



Press Release

AAP RELEASES NEW GUIDELINES FOR DIAGNOSIS OF ADHD

For Release: May 1, 2000, 5:00 p.m. (ET)

CHICAGO – The American Academy of Pediatrics (AAP) released new recommendations today for the assessment of school-age children with attention-deficit/hyperactivity disorder (ADHD).

Research in various community and practice settings shows that between 4 and 12 percent of all school-age children may have ADHD, making it the most common childhood neurobehavioral disorder. Children with ADHD may experience significant functional problems such as school difficulties, academic underachievement, troublesome relationships with family members and peers, and behavioral problems.

In recent years, there has been growing interest in ADHD as well as concerns about possible over diagnosis. In surveys among pediatricians and family physicians across the country, wide variations were found in diagnostic criteria and treatment methods for ADHD.

The new standardized AAP guidelines were developed by a panel of medical, mental health, and educational experts. The Agency for Healthcare Research and Quality provided significant research and background information for the new policy.

The new guidelines, designed for primary care physicians diagnosing ADHD in children ages 6 to 12, include the following recommendations:

- ADHD evaluations should be initiated by the primary care clinician for children who show signs of school difficulties, academic underachievement, troublesome relationships with teachers, family members and peers, and other behavioral problems. Questions to parents, either directly or through a pre-visit questionnaire, regarding school and behavioral issues may help alert physicians to possible ADHD.
- In diagnosing ADHD, physicians should use DSM-IV criteria developed by the American Psychiatric Association. These guidelines require that ADHD symptoms be present in two or more of a child's settings, and that the symptoms adversely affect the child's academic or social functioning for at least six months.

- The assessment of ADHD should include information obtained directly from parents or caregivers, as well as a classroom teacher or other school professional, regarding the core symptoms of ADHD in various settings, the age of onset, duration of symptoms, and degree of functional impairment.
- Evaluation of a child with ADHD should also include assessment for co-existing conditions: learning and language problems, aggression, disruptive behavior, depression, or anxiety. As many as one-third of children diagnosed with ADHD also have a co-existing condition.

Other diagnostic tests, sometimes considered positive indicators for ADHD, have been reviewed and considered not effective. These tests include lead screening, tests for generalized resistance to thyroid hormone, and brain image studies.

ADHD and IDEA: A Guide for Health and Mental Health Professionals

Soleil Gregg

Attention-Deficit / Hyperactivity Disorder (ADHD) has received so much media play in recent years that some now dismiss its seriousness, thinking it's a fad diagnosis or an excuse for bad behavior. However, scientific and medical research support the validity of the diagnosis and has begun to reveal the disorder's biological, genetic, and neuropsychological underpinnings (Barkley, 1998; Goldman, Gene, Busman, & Slants, 1998). In addition, medical, mental health, and scientific communities have initiated efforts to standardize diagnosis and treatment in children with ADHD, address controversies, determine effective treatments for school children, and help educators identify and recommend evaluation for children who may have ADHD (American Academy of Pediatrics Committee on Quality Improvement, 2000; Dulcan, 1997; MTA Cooperative Group, 1999). Despite such efforts, many children with ADHD still fail to receive the academic and behavioral support required for success in school.

Appropriate, comprehensive intervention and treatment can help children with ADHD to achieve success in school (Busch, 1993; Fiore, Becker, & Nero, 1993; MTACooperative Group, 1999). In fact, schools are legally obligated by the Individuals with Disabilities Education Act (IDEA), and the regulations implementing the Act, to locate and evaluate all children suspected of having disabilities-including children who may require special education and related services due to ADHD. For those meeting eligibility criteria, schools must provide appropriate special education and related services to meet their unique needs (34 CFR Part 300; Individuals with Disabilities Education Act Amendments of 1997).

IDEA requires comprehensive evaluation and treatment for children with disabilities, and so is aligned with the standards and guidelines of professional organizations concerning the evaluation and treatment of ADHD. IDEA also provides substantive opportunities for parent involvement-including their right to include service providers and others with special knowledge about the child (e.g., the pediatrician, psychologist, or social worker) in meetings to determine the child's special education needs and services. Whether representing a school or participating at the request of a child's parent, health and mental health professionals may be called on to play greater roles in the special education process. The professional perspective, knowledge, and expertise they bring to the process can make a valuable contribution to improving education services for children disabled by ADHD.

ADHD AND IDEA

IDEA guarantees that states make available a free appropriate public education to children with disabilities in mandatory age ranges. To be eligible for special education services under IDEA, children with ADHD

must be evaluated as having one or more of the impairments specified in Part B of IDEA (IDEA §602(3)). Children with ADHD may be eligible for services under the following Part B categories, depending on their unique characteristics and identified educational needs.

- **Other health impairment.** Most children receiving special education services for ADHD alone will likely be classified as "Other Health Impaired," since regulations implementing IDEA now list ADD and ADHD as conditions that can make a child eligible under this category (IDEA §602(3); 34 CFR§300.7(c)(9)). Children with ADHD may meet eligibility criteria for this category when their "heightened alertness to environmental stimuli... results in limited alertness with respect to the educational environment," impairing school performance (34 CFR§300.7(c)(9)).
- **Specific learning disability.** IDEA defines learning disability as a disorder in one or more of the basic psychological processes involved in understanding and using language, which impairs the ability to listen, think, speak, read, write, spell, or do mathematical calculations. Children with ADHD may be eligible for special education in this category if they have coexisting learning disabilities. In some cases, ADHD alone could generate the type of impairment that would cause a child to meet criteria under this category, especially the Inattentive Type, which has been linked to deficits in mathematics and sensory information processing (Carlson, Shin, & Booth, 1999; Latham & Latham, 1992). Minimal brain dysfunction, a condition listed under this category, was in fact the term for ADHD during most of the 1960s. Recent brain-imaging studies and current understanding about ADHD's effects on executive functions (and hence on information processing) also underscore this category's continued relevance (Barkley, 1997; Castellanos, 1997; Dykman, Ackerman, & Raney, 1993; Latham & Latham, 1992; Swanson, Castellanos, Murias, LaHoste, & Kennedy, 1998).
- **Emotional disturbance.** Children with ADHD commonly have coexisting emotional and mental disorders such as oppositional defiance, conduct disorder, anxiety disorders, or depression, which can adversely affect educational performance and make them eligible for special education services (Biederman, Faraone, Mick, Wozniak, Chen, Ouellette, & Marris, et al., 1996; Biederman, Faraone, Milberger, Guite, Mick, & Chen, et al., 1996; Dykman, Ackerman, & Raney, 1993; Faraone, Biederman, Wozniak, Mundy,

Mennin, & O'Donnell, 1997; McKinney, Montague, & Hocutt, 1993; Pliszka, 1999; Wozniak & Biederman, 1994). Characteristics of emotional disturbance under IDEA include (1) an unexplained inability to learn or form and maintain satisfactory relationships with teachers and peers, (2) inappropriate behavior and feelings, (3) general depression, and (4) physical symptoms or fears resulting from personal or school problems (34 CFR §300.7(c)(4)(i)). •

- **Developmental delay.** IDEA offers a non-categorical option developmental delay for children aged 3 through 9 who exhibit delays in physical, cognitive, communication, emotional, social, or adaptive development. At the discretion of the state and local educational agencies, schools can use this option to serve children within the specified age range who need special education and related services because of such delays (IDEA §602(3)(B)(i) and 34 C.F.R. §300.7(b)). Children with ADHD often seem immature for their age lagging behind peers up to 30 and have been found to score below average on tests used to identify developmental delays (Castellanos, 1997). These results are consistent with neurological findings leading researchers to view ADHD as a neurodevelopmental disorder (Barkley, 1997; Castellanos, 1997). Some functional areas in which delays are evident include socialization, communication, daily living, and self-control (Barkley, 1995; Stein, et al., 1995). Social failure is so prevalent with ADHD that it is considered characteristic of the disorder (Landau & Moore, 1991). Children with disabilities found to be ineligible for special education services under IDEA may still be protected and served under two other federal disability laws: Section 504 of the Rehabilitation Act of 1973 (Section 504) and the Americans with Disabilities Act of 1990 (ADA). The Office for Civil Rights in the U.S. Department of Education enforces the provisions of Section 504 and Title II of the ADA with respect to school districts, while the Department of Education administers IDEA.

MEETING IDEA REQUIREMENTS FOR CHILDREN WITH ADHD

States must meet certain requirements set by Congress to be eligible for Part B of IDEA funds and must have policies and procedures in place to ensure that requirements are met (IDEA §612). To meet these requirements for children with ADHD-as for children with any disability states must require that schools do the following:

- Locate, identify, and evaluate children disabled or suspected of being disabled by ADHD in public and private schools (including parochial schools);
- Make available a free appropriate public education to eligible children;
- Develop and implement an individualized education program (IEP) designed to meet the child's educational needs, including positive behavioral interventions for behavior

that impedes the child's learning or that of others;

- Involve parents in decisions about evaluation, eligibility, placement, and IEPs;
- Educate children with ADHD with non-disabled children in the regular education environment to the maximum extent appropriate;
- Afford eligible children and their parents the procedural safeguards outlined in IDEA;
- Ensure that professional personnel that provide special education and related services to children with ADHD meet applicable state qualification standards;
- Include children with ADHD in state performance goals and in general state and district-wide as-assessments with appropriate accommodations and modifications; and
- Monitor suspension and expulsion rates for children with disabilities, including ADHD, as compared to rates for non-disabled children.

Whether working on behalf of school systems or individual patients/clients and their families, health and mental health professionals may be called on to participate in activities or provide information and services related to these requirements, such as:

- Conducting initial evaluations and/or reevaluations;
- Determining eligibility;
- Determining placement;
- Developing IEPs;
- Delivering related services specified in IEPs;
- Reviewing disciplinary actions;
- Participating in due process hearings; and
- Educating children, parents, teachers, and other school staff about ADHD issues.

CONDUCTING INITIAL EVALUATIONS AND/OR RE-EVALUATIONS

IDEA requires schools to locate and identify children with disabilities or suspected disabilities in need of special education services, evaluate identified children to determine their disability status and educational needs, and re-evaluate children receiving special education services every 3 years to assess their continuing status and needs.

IDEA emphasizes that evaluations be comprehensive. They must employ a variety of valid, nondiscriminatory assessment tools and strategies providing functional and developmental information about the individual child; cover all areas related to the suspected disability (e.g., health; intelligence; academic performance; social, emotional, and communicative status; and motor abilities); assess the contribution of cognitive, behavioral, physical, and developmental factors; and identify all service needs whether or not commonly linked to a disability category. Existing evaluation data pertaining to the child must also be reviewed, including information supplied by parents, teachers, and related service providers (e.g., psychologists, social workers, counselors, & physicians) and information gained from classroom assessments and direct observations.

Health and mental health professionals have obvious roles to play in identifying and evaluating children with ADHD to determine their disability status and education needs, whether they are employed by the school to conduct assessments or are asked by parents to submit existing evaluation reports or records pertaining to the child. Those involved in school evaluations can help ensure that evaluations are comprehensive by informing schools and IEP teams of professional recommendations and guidelines and following the guidelines in their own practice; informing school personnel and families about ADHD, coexisting conditions, and ways that disorders may affect school performance; and advising schools and IEP teams to conduct appropriate behavioral, social, and emotional assessments to determine the nature and extent of a child's impairment and education needs. Achievement and I.Q. tests the mainstay of most school evaluations for special education can help identify coexisting learning disorders in children with ADHD, but do not provide adequate information to diagnose ADHD, assess its global impact, determine children's education needs, or design education services (Dulcan & the Work Group on Quality Issues, 1997).

IDEA only provides medical services for diagnostic and evaluative purposes at no cost to families if such services are needed to determine medically related disabilities. Although IDEA does not require that medical evaluations be conducted to establish a child's eligibility for special education, medical professionals recommend that ADHD be diagnosed by clinicians familiar with child development following accepted recommendations and guidelines, using criteria set forth in the Text Revision, Fourth Edition of the Diagnostic and Statistical Manual of Mental Disorders (APA, 2000) as part of a comprehensive evaluation (American Academy of Pediatrics Committee on Quality Improvement, 2000; American Psychiatric Association, 2000; Dulcan et al., 1997; Goldman et al., 1998). In addition, they support closer work "with schools to improve teachers' abilities to recognize ADHD and appropriately recommend that parents seek medical evaluation of potentially affected children" (p. 1106) (Goldman et al., 1998).

Guidelines for professional practice include gathering evidence from families, caregivers, and teachers about the presence and severity of ADHD symptoms in multiple settings such as home and school and evaluating children for coexisting conditions, since ADHD commonly co-occurs with behavior, mood, anxiety, learning, and developmental disorders such as language impairments and delays (for review see Barkley, 1998; Goldstein & Goldstein, 1998). These recommendations and guidelines are consistent with IDEAs evaluation requirements.

DETERMINING ELIGIBILITY

Once children with ADHD have been identified as having one or more of the impairments in Part B of IDEA and evaluations have been completed, schools must determine eligibility for special education services. To be found eligible, a child's impairment must create a need for special education and related

services. For example, although diabetes is one of the conditions included in the "other health impairment" category. A child with diabetes who is doing well in school would not be in need of and would therefore be ineligible for special education services. Similarly, a diagnosis of ADHD from a physician is insufficient to meet eligibility for services under IDEA. The ADHD must adversely affect a child's educational performance so that specially designed instruction is needed. On the other hand, children need not be failing to be eligible for services but may qualify even if they are progressing from grade to grade. No single instrument can be used to determine a child's disability status or education needs (34 CFR §300.532).

Eligibility is determined by the IEP team, comprised of the child's parents, a special education teacher, the child's regular classroom teacher, school representatives, professionals qualified to interpret evaluation data, and at the discretion of parents or schools other individuals with special knowledge or expertise about the child. Health and mental health professionals may be asked to participate in eligibility meetings at the behest of schools e.g., as an individual qualified to interpret evaluation data or they may be asked by families to provide relevant information concerning their child.

DETERMINING PLACEMENT

IDEA requires that children with disabilities be placed, or receive education services, in the least restrictive environment appropriate and expresses a strong preference that they participate to the maximum extent with appropriate supplementary aids and services in the general curriculum and in regular classes with their non-disabled peers. Children may be placed in more restrictive education settings only when "the nature or severity of the disability ... is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily" (IDEA §612(a)(5)(A) and 34 CFR §300.550; Senate Committee on Labor and Human Resources, Individuals with Disabilities Education Act, 1997). However, the new emphasis on inclusion does not eliminate the school's need to provide a continuum of services and placements to meet individual needs e.g., special classes, special schools, home instruction, and instruction in hospitals and institutions although the reason for more restrictive placement must be explained and supported in the child's IEP.

Once again, health and mental health professionals may be part of the IEP team that decides a child's placement, whether they are employed by the school or invited by the parent. Placement decisions are to be based on the child's needs, as determined by the comprehensive evaluation, and not on what is more expedient, convenient, or affordable for schools.

Schools sometimes recommend placing children with ADHD in separate classes or resource rooms because of their challenging behavior or because teachers feel unqualified or are unwilling to teach children with special needs. Such unnecessary placements can be avoided by providing needed supports to regular education teachers, as well as by addressing problem behavior through positive

behavioral interventions and related services included in the child's IEP. The typical child with ADHD can be expected to participate in the regular education classroom with non-disabled peers with varying degrees of intervention, accommodation, program modification, and support throughout the school years (Gregg, 1995).

Health and mental health professionals participating in placement decisions can help ensure that schools consider appropriate supports when making placement decisions for children with ADHD. These supports might include training for regular education teachers in developing instructional modifications and behavioral interventions or providing assistance in regular classrooms from special education teachers, behavioral specialists, or aides.

DEVELOPING IEPs

The purpose of the Individualized Education Program (IEP) is to put into place the program of instruction and services to address a child's education needs specifically, special education and related services and supplementary aids and services, including program modifications and supports for school personnel (provided to the child or on the child's behalf), that allow the child to be involved and progress in the general curriculum and to progress toward education goals. Health and mental health professionals, through involvement with the IEP team, can contribute expert knowledge and information pertinent to developing an effective IEP, such as the following:

- **How ADHD and coexisting conditions might affect the child's participation and progress in the general curriculum and school activities.** One of the most valuable services that health and mental health professionals may perform is to contribute a scientific or medical understanding of ADHD (e.g., its etiology; how it impairs self-regulation, behavioral inhibition, and executive functions; and how it affects cognitive, social, emotional, behavioral, and motor functioning). Similar information can be provided regarding any co-existing condition that might affect the child. For instance, what a mood or anxiety disorder is and how it could manifest itself in various classroom or playground situations. Such information can help counter misinformation and dispel negative attitudes about ADHD and other disorders, and set the stage for developing an IEP that meets the child's comprehensive needs.
- **What special education and related services might be needed for a child with ADHD to meet education goals, to participate and progress in the general curriculum, and to participate in school activities.** Through participation on a child's IEP team, health and mental health professionals can share their knowledge of research, effective treatments, and best practices to help teams determine what specially designed instruction or adaptations in instructional content, methodology, or delivery should be

provided for a child with ADHD and why such adaptations might be needed.

They can also provide guidance as to what related services might be needed—e.g., psychological, counseling, and social work services; counseling and training for parents; or additional diagnostic medical services—and what supplemental aids, services, and supports (such as tutors, classroom aids, training for school personnel) should be provided so that the child can be educated with non-disabled children to the maximum extent appropriate for the child.

Travel training may also be useful to include in IEPs of children with ADHD who—because of disorganization, time impairment, or other behaviors associated with their disability—experience difficulty understanding directions, following schedules, changing classes, and generally getting from one place to another in an orderly fashion and on time. For example, provisions in the IEP could include teaching the child to construct and follow a daily schedule, or creating a reward system for getting to class on time without incident.

IDEA also directs IEP teams to consider and address behavioral concerns that might interfere with the child's learning or the learning of others. Since behavior will likely be an issue for most children with ADHD, health and mental health professionals can make sure that IEP teams develop behavioral intervention plans designed to teach and reinforce expected classroom and social behaviors and to prevent, remediate, ameliorate, or accommodate behaviors that might result in disciplinary infractions (Barkley, 1995; Barkley, 1996; Goldstein & Goldstein, 1992; Walker, Colvin, & Ramsey, 1995). Plans should define consequences for inappropriate behavior and include alternatives to out-of-school suspension and expulsion.

Finally, IEPs should include a statement concerning the accommodations and supports needed for a child's participation in extracurricular and nonacademic activities. Children with ADHD are sometimes excluded from activities like field trips because of disability-related behavior—either teachers have safety or conduct concerns or exclusion is used to punish earlier behavior infractions. Health and mental health professionals can make sure that the IEP team proactively considers this issue as well, so that children with ADHD are fully included in all regular school activities.

- **What individual modifications might be needed to enable a child with ADHD to participate in state and district-wide assessments.** IDEA requires children receiving special education services to be included in general state and district-wide assessments, so IEPs must include a statement of the accommodations and modifications, if any, needed for the child's participation. The high-stakes tests adopted by many states as part of their school reform and accountability efforts have made this a critical concern for some children, since a child's performance on standardized tests can now have grave personal consequences such as grade retention or failure to graduate despite passing averages in course work. Although most children with ADHD can be

expected to participate in regular assessments, health and mental health professionals can recommend that appropriate accommodations and modifications be provided to children who need them to ensure that testing reflects the child's knowledge and not the impairment (e.g., a separate testing room, scheduling that coincides with medication dosage, extended time allotments, oral test administration, permission to mark answers in test booklets, reminders to stay on-task, and instruction in test-taking skills) (Yell & Shriner, 1997; Ysseldyke & Thurlow, 1999).

- **What services might be needed to assist a child's successful transition into postsecondary activities.** Beginning at age 14, a child's IEPs must include a statement of needed transition services pertaining to the child's course of study. No later than age 16, IEPs must address interagency linkages and responsibilities needed to prepare students for the transition to postsecondary education or training, employment, adult services, independent living, and community participation.

With their knowledge of coexisting conditions and long-term outcomes associated with ADHD, health and mental health professionals can help ensure that IEP teams include appropriate transition services in the IEP. For example, services for teens with ADHD could focus on time and money management, organizational strategies, self-advocacy, SAT preparation, expected workplace behaviors, or study skills suited to postsecondary education. Even college-bound teens with ADHD may need to learn basic skills important for independent living, such as how to find information in the phone book, the classified section of the newspaper, a bus schedule, or a college catalog.

Since ADHD puts children and adults at risk for social, emotional, psychiatric, and conduct problems that can affect job performance, educational attainment, and involvement with the justice system, the IEP team should consider linkages to social, health, and juvenile justice agencies-if warranted-to ensure that teens with ADHD have adequate support for their successful transition to adulthood. States must ensure that interagency agreements exist to facilitate coordination in providing required services (34 CFR §300.347(b)).

PROVIDING RELATED SERVICES SPECIFIED IN IEPs

IEPs must include any related services that a child requires to benefit from special education-i.e., transportation and developmental, corrective or supportive services. IDEA provides these required services at no cost to families. Because ADHD can impair functioning across multiple domains and commonly coexists with other disorders, the child disabled by ADHD will likely need the services of health and mental health professionals. For example, the medical community recommends "individualized therapeutic approaches" for children with ADHD, including "pharmacotherapy, psychoeducation, behavioral therapy, school-based and other environmental interventions, and psychotherapy as

indicated by clinical circumstances and family preferences" (p. 1106) (Goldman, et al., 1998). Whether in private practice or employed by schools or other public agencies, health and mental health professionals may therefore be involved in providing related services for children with ADHD, such as social work services, psychological counseling, and counseling for parents to help them understand and manage behavior resulting from ADHD-for example, how to develop and implement positive behavioral interventions.

REVIEWING DISCIPLINARY ACTIONS

Health and mental health professionals may be asked to participate in IEP meetings to review disciplinary actions. IDEA requires that schools make available a free, appropriate public education to children with disabilities, including those suspended or expelled from school. Disciplinary actions that remove children from their current education placements, even temporarily, may be considered a change of placement. If a change of placement occurs, then the IEP team must determine if the offending behavior is related to the child's disability. To make that determination, the IEP team and qualified personnel must consider all relevant information e.g., from evaluations, diagnostic tests, the parents, and observations of the child-and the child's IEP and placement. For no relationship to exist, they must find that the IEP and placement were appropriate in relation to the behavior; that special education services, supplementary aids and services, and behavior intervention strategies were provided consistent with the IEP and placement; that the child was able to understand the effects and consequences of the behavior; and that the child was able to control the behavior (34 CFR §300.523).

Barkley reports that "hyperactive children appear to show little awareness of their own behavior and its immediate consequences and implications, or even of the ways in which such behavior gets them in trouble (p. 22)" (Barkley, 1981). Because of deficits involving self-regulation and self-control, a child with ADHD may be able to recite the rules and consequences for breaking them, but still may be unable to inhibit or control behavior to comply with them (Barkley, 1995; Goldstein & Goldstein, 1992).

If misconduct is related to the disability, the child cannot be suspended for more than 10 consecutive days. However, the IEP team can review the child's placement and change it to an appropriate placement, in keeping with procedural safeguards. If the misconduct is determined not to be related to the disability, the child can receive the school's usual disciplinary measures, as long as educational services are provided in accordance with IDEA's regulations (34 CFR §300.524).

If disciplinary actions change a child's placement, the IEP team must conduct a functional behavioral assessment and develop a behavioral intervention plan. If a plan already exists, the IEP team must modify it to address the behavior at hand. Health and mental health professionals who are part of these meetings can contribute information regarding the appropriateness of a child's services and placement, provide expert knowledge about how ADHD and coexisting conditions affect behavior, and assist with

developing behavioral assessments and intervention plans.

A functional behavior assessment operationally describes the behavior, identifies its antecedents or triggers, identifies consequences that sustain or maintain it, develops hypotheses to predict when and where it occurs, and collects observation data to test accuracy of the hypotheses. Once these data are gathered and evaluated, the IEP team can use the information to develop a Behavioral Intervention Plan. An effective plan responds to both the antecedents and consequences of identified behaviors and provides supports to prevent or modify them—including positive strategies, modifications to programs, and supplementary aids and supports (Quinn, Gable, Rutherford, Nelson, & Howell, 1998).

Children with ADHD, as a whole, have high rates of suspension and expulsion, raising questions about whether they are receiving appropriate services and supports or being improperly disciplined for disability-related behavior (Cantwell, n.d.; McKinney, Montague, & Hocutt, 1993). Repeated discipline problems may indicate the need to review or change a child's services. To prevent the need for disciplinary action, health and mental health professionals can ensure that social, emotional, and behavioral factors are assessed as part of the comprehensive evaluation of children with ADHD, and that appropriate behavioral interventions are developed and included in the IEP.

PARTICIPATING IN MEDIATION OR DUE PROCESS HEARINGS

If parents and schools disagree over a child's services, they can request medication or a due process hearing to settle their differences. Health and mental health professionals can be compelled or invited to attend such hearings by any of the parties involved to provide expert testimony concerning the problems of a child with disabilities. For example, as with IEP meetings to review disciplinary actions, they may be asked to provide professional opinion concerning a child's services and placement, expert knowledge of how ADHD and coexisting conditions affect learning and/or behavior, or other relevant information concerning the individual child.

EDUCATING CHILDREN, PARENTS, TEACHERS, AND OTHER SCHOOL STAFF

IDEA requires that students with disabilities be educated, to the extent appropriate, in regular classrooms with supplementary aids and services, but IEP teams and regular education teachers may not know how to design appropriate services, instructional programs, program modifications, or behavioral interventions for children with ADHD. Besides contributing information and expertise at IEP meetings and hearings, health and mental health professionals may be asked to take a more active role in training parents, teachers, and other school personnel about ADHD's characteristics and treatments including academic and behavioral interventions and strategies. As previously mentioned, professional recommendations for improving treatment of ADHD in school children call for closer work with teachers and schools to raise awareness and help educate key players about ADHD.

SUMMARY

IDEA not only guarantees the right to a free appropriate public education for children disabled by ADHD, but, if implemented as intended, can provide the level of support that children with ADHD need to succeed in school. In fact, its comprehensive approach to evaluation and service delivery are aligned with professional recommendations and guidelines concerning the evaluation and treatment of ADHD.

Health and mental health professionals may be called on by schools and families to play greater roles in the special education process. Their knowledge and expertise about ADHD and coexisting disorders can help to ensure that schools provide children the special education services they need, thus improving outcomes for children with ADHD.

This article was adapted from two publications written by the author for AEL, Inc.: At A Glance: ADHD and IDEA 1997 and ADHD and School Law. (<http://www.ael.org>.) Both publications are available on AEL's website at <http://www.ael.org/rel/policy/polbrief.html>.

Soleil Gregg, P.O. Box 107, Hurricane, West Virginia, 25526.

REFERENCES

- American Academy of Pediatrics Committee on Quality Improvement, Subcommittee on Attention-Deficit/Hyperactivity Disorder. (2000). Diagnosis and evaluation of the child with Attention-Deficit/Hyperactivity Disorder. *Pediatrics*, 105(5), 1158-1170.
- American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders*. (Text Revision-4th ed.). Washington, DC: Author.
- Barkley, R. (1981). *Hyperactive children: A handbook/or diagnosis and treatment*. New York: The Guilford Press.
- Barkley, R. (1998). *Attention Deficit Hyperactivity Disorder*. New York, NY: Guilford.
- Barkley, R. (1995). *Taking charge of ADHD*. New York: The Guilford Press.
- Barkley, R., as cited in Martinez, & Boumival. (1996). ADHD: The tip of the iceberg? *The ADHD Report*, 3(6), 5-6.
- Barkley, R. (1997). *ADHD and the nature of self-control*. New York, NY: The Guilford Press.
- Barkley, R. (1998). Gene linked to ADHD verified. *The ADHD Report*, 6(3), 1- 5.
- Biederman, J., Faraone, S., Mick, E., Wozniak, J., Chen, L., Ouellette, C., Marris, A., Moore, P., Garcia, J., Mennin, D., & Leion, E. (1996). Attention-deficit disorder and juvenile mania: an overlooked comorbidity? *Journal of the American Academy of Child and Adolescent Psychiatry*, 35(8), 997-1008.
- Biederman, J., Faraone, S., Milberger, S., Guite, J., Mick, E., Chen, L., Mennin, D., Marris, A.,

- Ouellette, C., Moore, P., Spencer, T, Wilens, T, Kraus, I., & Perrin, J. (1996). A prospective 4-year follow-up study of attention-deficit hyperactivity and related disorders. *Archives of General Psychiatry*, 53(5), 437-446.
- Busch, B. (1993). Attention deficits: Current concepts, controversies, management, and approaches to classroom instruction. *Annals of Dyslexia*, 43, 5-25.
- Cantwell, D. (n.d.). *Managing attention-deficit hyperactivity disorder in children and adults: Comorbidity in ADHD and associated outcomes*. Available: <http://pbirg.com/Discovery/unsecure/ADHDI/dpc.html>
- Carlson, C., Shin, M., & Booth, J. (1999). The case for DSM-IV subtypes in ADHD. *Mental Retardation and Developmental Disabilities*, 5(3), 199-206.
- Castellanos, X. (1997, July). Toward a pathophysiology of Attention-Deficit/Hyperactivity Disorder. *Clinical Pediatrics*, 381-393.
- 34 CFR §300.347(b).
- 34 CFR §300.523.
- 34 CFR §300.524.
- 34 CFR §300.532.
- 34 CFR §300.550.
- 34 CFR §300.7(c)(4)(i).
- 34 CFR §300.7(c)(9).
- Dulcan, M., & the Work Group on Quality Issues. (October, 1997). AACAP Official Action: Practice parameters for the assessment and treatment of children, adolescents, and adults with attention-deficit/hyperactivity disorder. *Journal of the American Academy of Child and Adolescent Psychiatry*, 36(10), Supplement.
- Dykman, R., Ackerman, P., & Raney, T. (1993). Assessment and characteristics of children with attention deficit disorder. *Education of children with attention deficit disorder*. Washington, DC: U. S. Department of Education.
- Faraone, S., Biederman, J., Wozniak, J., Mundy, E., Mennin, D., & O'Donnell, D. (1997). Is comorbidity with ADHD a marker for juvenile-onset mania? *Journal of the American Academy of Child and Adolescent Psychiatry*, 36(8), 1046-1055.
- Fiore, T., Becker, E., & Nero, R. (1993). Research synthesis on education interventions for students with attention deficit disorder. *Education of children with attention deficit disorder*. Washington, DC: U. S. Department of Education.
- Goldman, L., Genel, M., Bezman, R., & Slanetz, P., for the Council on Scientific Affairs of the American Medical Association. (1998). Council report: Diagnosis and treatment of Attention-Deficit/Hyperactivity Disorder in children and adolescents. *Journal of the American Medical Association*, 279(14), 1100-1107.
- Goldstein, S., & Goldstein, M. (1992). *Hyperactivity: Why won't my child pay attention?* New York: John Wiley & Sons, Inc.
- Goldstein, S., & Goldstein, M. (1998). *Managing Attention Deficit Hyperactivity Disorder in Children (2nd Edition)*. New York, NY: Wiley.
- Gregg, S. (1995). *Policy briefs: ADHD- Building academic success*. Charleston, WV: Appalachia Educational Laboratory.
- IDEA §602(3).
- IDEA §602(3)(B)(i) and 34 C. F. R. §300.7(b).
- IDEA §612.
- IDEA §612(a)(5)(A) and 34 CFR §300.550.
- Individuals with Disabilities Education Act Amendments of 1997, 20 U.S.C. 1400 et seq.
- Landau, S., & Moore, L. (1991). Social skills deficits in children with attention-deficit hyperactivity disorder. *School Psychology Review*, 20(2), 235-251.
- Latham, P. S., & Latham, P. H. (1992). *Attention deficit disorder and the law*. Washington, DC: JKL Communications.
- McKinney, J., Montague, M., & Hocutt, A. (1993). A synthesis of the research literature on the assessment and identification of attention deficit disorder. *Education of children with attention deficit disorder*. Washington, DC: U. S. Department of Education.
- MTA Cooperative Group. (1999). A 14-month randomized clinical trial of treatment strategies for attention-deficit/hyper-activity disorder. *Archives of General Psychiatry*, 56(12), 1073-1086.
- Pliska, S. (1999). Bipolar disorder and ADHD: Comments on the current controversy. *ADHD Report*, 7(1), 9-11.
- Quinn, M., Gable, R., Rutherford, R., Nelson, M., & Howell, K. (1998). Addressing student problem behavior: An IEP team's introduction to functional behavioral assessment and behavior intervention plans (2nd Edition). Washington, DC: American Institutes for Research, Center for Effective Collaboration and Practice.
- Stein et al., as cited in (1995). Research findings, *The ADHD Report*, 3(5), 14.
- Sugai, G., Homer, R., & Sprague, J. (1999). Functional-Assessment-Based behavior support planning: Research to practice to research. *Behavioral Disorders*, 24(3), 253-257.
- Swanson, J., Castellanos, X., Murias, M., LaHoste, G., & Kennedy, J. (1998). Cognitive neuroscience of attention deficit hyper-activity disorder and hyperkinetic disorder. *Current Opinion in Neurobiology*, 8, 263-271.
- Walker, H., Colvin, G., & Ramsey, E. (1995). *Antisocial behavior in school: Strategies and best practices*. Pacific Grove, CA: Brooks/Cole Publishing Company.
- Wozniak, J., & Biederman, J. (1994). Prepubertal mania exists (and coexists with ADHD). *ADHD Report*, 2 (3), 5-6.
- Yell, M., & Shriner, J. (1997). The IDEA Amendments of 1997: Implications for special and general education teachers, administrators, and teacher trainers. *Focus on Exceptional Children*, 30(1), 1-19.
- Ysseldyke, J., & Thurlow, M. (1999). *Including students with disabilities in statewide assessments and accountability systems*. Washington, DC: National Governors' Association.

Frequently Asked Questions

1. Are all students with a medical diagnosis eligible for special education and related services in the category of Other Health Disabilities?

No, there are students in all special education eligibility categories that have a medical diagnosis. Students with cognitive disabilities may have a medical diagnosis of Downs Syndrome, Fetal Alcohol Syndrome, and microcephaly. Students with emotional/behavioral disabilities may have a medical diagnosis of depression, bipolar disorder, oppositional/defiant disorder or schizophrenia. Students with learning disabilities may have a medical diagnosis of central auditory processing disorder, dyslexia, minimal brain dysfunction, and students with sensory disabilities (vision, hearing and physical) also may have a medical diagnosis describing their condition or sensory loss. In addition, a medical diagnosis of any type does not automatically qualify a student for special education. In ALL cases, the student must demonstrate impairment in the educational setting. This impairment is evaluated in the educational setting by an educational team (including the parents) to determine the impact of the medical diagnosis and presenting problems associated with the condition and what services must be available to provide Free Appropriate Public Education (FAPE) for each student.

2. Do all students with ADHD require special education and related services?

No, as with all medical diagnosis, the presence of the condition is not sufficient to determine eligibility. In many cases no support beyond general education interventions are needed to assure success for the student. In some cases, 504 adaptations are required, and students' needs must be evaluated and documented in a 504 plan. If special education is considered, the team, through the evaluation process will determine the primary needs of the student in the educational setting. This will lead to the designation of the appropriate special education area of disability: for example; DCD, EBD, LD. Students considered for eligibility under Other Health Disabilities with ADHD must have documentation of a medical diagnosis by a licensed physician using the current DSM criteria. This is a comprehensive clinical evaluation that addresses inattention and impulsivity that persists more than six months and was evident before 7 years of age, was present in two or more settings, and documented by clear evidence of clinically significant impairment that is not better accounted for in another psychotic, developmental or mental disorder. Along with the medical diagnosis, the school team must establish a clear link between the attentional disorder and the documented adverse affects on the student's academic performance.

3. Why does the OHD criteria require a teacher licensed in a special education category to conduct the observation and interviews when other disabilities allow related staff to conduct these systematic observations and interviews?

When determining eligibility for OHD, the chronic or acute health condition be linked to adverse educational performance. Thus the observation and interviews need to be seen through the eyes of a teacher looking specifically for learning and educational performance as affected by the health condition. Considering the diversity of the population, observations and interviews by other staff are valuable and may be determined by the team to be part of the evaluation of the whole child. This criteria, at minimum, requires one observation and one parent/teacher interview be done by a licensed special education teacher.

4. What kind of support can be provided under a 504 plan?

504 plans are the responsibility of general education. Typically, students on 504 plans receive some form of accommodation. Accommodations fall into three general categories. **Physical** accommodations include such things as air conditioners, ramps, door handles, chairs, seating arrangements, classroom location, and writing tools. **Instructional** accommodations may include shortened assignments, extended time to finish assignments, homework modifications, assistance with developing organizational skills and monitoring work completion. **Related aids and services**, such as transportation and health services, may also be provided as an accommodation. However, there are no limits on either the kinds of services provided or where the services are provided. Students on a 504 plan can receive specialized instruction, related services, or accommodations within the general education classroom. Consult with your district's 504 coordinator for further assistance.

5. Could exotropia be considered an "other health disability"?

No, this is an example of a medical diagnosis that should not be considered an acute or chronic other health disability.

Exotropia is the outward deviation of an eye. The turn of the eye is very noticeable and may occur while fixating objects that are close up or at a distance. Most exotropia is intermittent, meaning it only occurs some of the time.

Because this condition affects the eyes and vision, a teacher for students with visual impairments should be contacted to provide information regarding educational implications related to this condition.

6. *What do I do when a student with chronic fatigue syndrome or cancer who is on an IEP needs to be educated at home? How do we determine graduation/diploma issues?*

When health issues or treatments result in diminished endurance and tolerance or a compromised immune system, homebound services may be initiated. When a student is receiving homebound services, academic needs are addressed with goals and/or a program plan is developed by the student's IEP team. The IEP will include the curriculum modifications or accommodations needed so the student can meet graduation standards, fulfill graduation requirements toward, and ultimately, earn a diploma. A student's health condition cannot prevent access to earning credits or attaining a diploma.

7. *Do we need to get a release of information from parents when requesting information from health-care providers?*

School personnel must have parental permission to share student health information with a student's physician or other health-care providers, including nurse practitioners, dentists, psychologists, and physical therapists. The health-care provider must also have parental permission to share information with appropriate school personnel.

This means that the student's parents, legal guardian, or the student himself (depending on age) must always give informed consent when school personnel need information from a physician or other health care provider for evaluation eligibility or planning purposes. This is always true whether the information is released as a document, oral communication or electronic transmission.

Consult your district special education director, school nurse, or data privacy staff, or policy staff for further assistance.

References:

Schwab, N.C. & Gelfman, M.H.B (Ed.) (2001) *Legal issues in school health nursing*. North Branch, MN: Sunrise River Press

National Task Force on Confidential Student Health Information. (2000) *Guidelines for protecting confidential student health information*. Kent, OH: American School Health Association.

8. Can a physician or community therapist prescribe direct occupational or physical therapy services to be provided in the educational setting?

No. Through evaluation, the IEP team determines which related services a student requires. Although medical conditions or a disability may be present, school-based related services are required only when the disability impacts the student's ability to successfully meet goals and objectives within the educational setting (as stated in the Children, Families and Learning State OT/PT Manual, "Consulting Therapist").

9. What is the role of the school therapist in the provision of sensory integration in school settings?

When designing an intervention, a therapist needs to take into account needs of the child and family, the least restrictive environment, and the educational relevance. Therapists use a variety of techniques to provide intervention. Many sensory integration techniques can be incorporated into a child's daily routine at school. When therapy requires a level of intensity that interferes with the child's education, it may be provided in a community-based setting (as stated in the Minnesota State OT/PT Manual, "Consulting Therapist").

10. What should teams consider when a student has a chronic/acute health condition and an IQ of 73 or below?

Through the evaluation process, the team needs to consider and document the primary presenting educational problems. For example: How does the medical diagnosis manifest itself in the educational setting? What unique characteristics are related to that medical condition? How old is the student? How is the student's functioning affected in the educational setting by his or her level of cognition, adaptive skills and level of support needed?

The key is to link the **primary** presenting problems to either the student's diagnosed health condition or his or her cognitive needs.

The determination of the primary disability is based on whether the team's goals and objectives are related to a student's cognitive/adaptive needs or the need to manage health care. If, for

example, the student has a diagnosed health condition and also meets all the parts of DCD criteria, then DCD might be the appropriate disability area. In some circumstances students may not meet eligibility in either DCD or OHD because their achievement level is at the level of their ability and there is no educational link to their diagnosed health condition.

11. *Is there specific teacher licensure for OHD?*

There is no **specific teacher licensure** for Other Health Disabilities. Any licensed special education teacher who is knowledgeable or has had training about health, neurological, and learning conditions and their educational implications can be involved in identifying, evaluating and serving students who meet OHD criteria. This is problematic because the OHD category is growing, there are misconceptions about eligibility, and no one group of teachers is specifically trained and licensed to meet the needs of this high risk, diverse group of students. There is need for training of special educators in this area. Minnesota is in the process of providing training on new criteria, an accompanying resource manual and development of competencies for special educators working with students with OH.

RESOURCES

RESOURCES 95

There is so much current information on websites via the Internet, and teams are encouraged to search for the most up to date information . The list of resources are ones found by teams serving students with chronic or acute health conditions.

BOOKS AND VIDEOS ABOUT STUDENTS WITH CHRONIC OR ACUTE HEALTH CONDITIONS.....96

Books and Videos about Students with Chronic or Acute Health Conditions

Please note that resources for children, families and educators are constantly being updated as new medical information becomes available. For this reason, the manual team recommends checking diagnosis-specific web sites for current information on specific disabilities and resources.

Asthma:

(1998) *Taking Asthma to School, Special Kids in School*. JayJo Books. (Grades K-5) ISBN: 1891383019

Carter, Alden and Siri. (1999) *I'm Tougher than Asthma*. Albert Whitman & Co. (Grades K-4, photos). ISBN: 0807534757

Attention Deficit Hyperactivity Disorder (ADHD):

Galvin, Matthew. (1995) *Otto Learns about His Medicine: A Story about Medication for Children with ADHD*. American Psychological Association. (Grades pre-K-3) ISBN: 0945354711

Gehret, Jeanne (1996) *Eagle Eyes: A Child's Guide to Paying Attention*. Verbal Images Press. (Grades 1-5) ISBN: 1884281117

Janover, Caroline. (1997) *Zipper the Kid with ADHD*. Woodbine House. (Grades 4-6) ISBN: 0933149956

Nadeau, Kathleen and Dixon, Ellen. (1997) *Learning to Slow Down & Pay Attention: A Book for Kids about ADD*. American Psychological Association (Grades 1-5) ISBN: 1557984565

Parker, Roberta and Harvey. *Making the Grade: An Adolescent's Struggle with Attention Deficit Disorder* (1995) Specialty Press, Inc. (Grades 6 and up) ISBN: 0962162914

Quinn, Patricia and Stern, Judith. (1991) *Putting on the Brakes: Young People's Guide to Understanding Attention Deficit Hyperactivity Disorder*. American Psychological Association. (Grades 6 and up) ISBN: 0945354320

Weiner, Ellen. (1999) *Taking A.D.D. to School: A Story about Attention Deficit Disorder, Special Kids in School*. JayJo Books (Grades K-5) ISBN: 189138306X

Cancer:

Gorden, Melanie Apel. (1999) *Let's Talk about When Kids Have Cancer*. Hazelden Information & Educational Services. ISBN: 156838274X

Krisber, Trudy. (1992) *Kathy's Hats: A Story of Hope*. Albert Whitman. (Grades 1-5) ISBN: 0807541168

Cystic Fibrosis:

(2000) *Taking Cystic Fibrosis to School, Special Kids in School*. JayJo Books. ISBN: 1891383094

Diabetes:

Aiello, Barbara. (1995) *A Portrait of Me: Featuring Christine Kontos, Kids on the Block*. Twenty-First Century Books. (Grades 6 and up) ISBN: 0941477053

Gosselin, Kim. (1998) *Taking Diabetes to School, Special Kids in School*. JayJo Books. (Elementary grades) ISBN: 18913833000

Mulder, Linnea. (1992) *Sarah & Puffie: A Story for Children about Diabetes*. American Psychological Association. (Grades pre-K-3) ISBN: 094535441X

Perner, Connie White. (1994) *Even Little Kids Get Diabetes*. Albert Whitman. (Grades pre-K-2) ISBN: 0-8075-2159-0

General Resources:

(1993) *Living Your own Life*. Pacer Center.

Batshaw M.D., Mark. (2002) *Children with Disabilities*. Paul H. Brookes Publishing Company.

Brown, Ronald T. (1999) *Cognitive Aspects of Chronic Illness in Children*. The Guilford Press.

Buehler M.D., Bruce. *What We Know...How We Teach, Linking Medicine & Education for the Child with Special Needs*. National Professional Resources. Video.

Hill, Jennifer Leigh. (1999) *Meeting the Needs of Students with Special Physical and Health Care Needs*. Prentice-Hall, Inc.

Kline, Frank M., Silver, Larry B., and Russell, Steven C. (2001) *The Educator's Guide to Medical Issues in the Classroom*. Paul H. Brookes Publishing Company.

Luckmann, Joan. (1999) *Transcultural Communication in Nursing*. Delmar Publishers.

Mellonie, Bryan and Ingpen, Robert. (1983) *Lifetimes: The beautiful way to explain death to children*. Bantam Books.

Juvenile Rheumatoid Arthritis:

Aldape, Virginia. (1996) *Nicole's Story: A Book about a Girl with Juvenile Rheumatoid Arthritis*. Lerner Publishing Group. (Grades K-4) ISBN: 082252578X

Seizure Disorders:

Browne, Thomas and Holmes, Gregory. (2000) *Handbook of Epilepsy*. Lippincott Williams & Wilkins.

Gosselin, Kim. (1996) *Taking Seizure Disorders to School: A Story about Epilepsy, Special Kids in School*. JayJo Books. (Grades K-6) ISBN: 0963944932

Reisner, Helen. (1988) *Children with Epilepsy: A Parents Guide*. Woodbine House.

Serious Medical Problems:

Mills, Joyce. (1992) *Little Tree: A Story for Children with Serious Medical Problems*. American Psychological Association. (Grades K-3) ISBN: 0945354517

Special Needs:

Getskow, Veronica. (1995) *Kids with Special Needs: Information and Activities to Promote Awareness and Understanding*. The Learning Works, Inc. (Grades 3-6) ISBN: 0881602442

Spina Bifida:

Dwight, Laura. (1998) *We Can Do It!* Star Bright Books. (Grades K-3) ISBN: 1887734341

Holcomb, Nan. (1992) *Patrick and Emma Lou*. Jason & Nordic Publishers. (Grades pre-K-3) ISBN: 094472714X

Tourette Syndrome:

Buehrens, Carol and Adam. (1991) *Adam & the Magic Marble: A Magical Adventure*. Hope Press (Grades 3-7) ISBN: 1878267302