SPECIAL EDUCATION IN NORTH DAKOTA
North Dakota Department of Public Instruction
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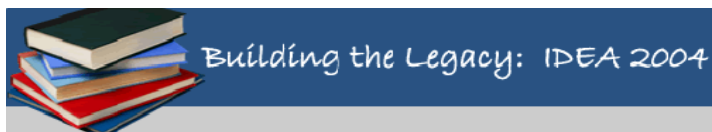600 E. Boulevard Ave., Dept. 201
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NDDPI NORTH DAKOTA
DEPARTMENT OF PUBLIC INSTRUCTION

Guidelines for Serving Students with Other Health Impairments in Educational Settings

Building the Legacy: IDEA 2004

United States Department of Education, Office of Special Education Programs (OSEP)

Special Note
"Unless otherwise specified, citations to 'section' or 'sec.' are citations to federal regulations implementing IDEA found in the Code of Federal Regulations at 34 CFR Part 300, which consists of 34 CFR secs. 300.1 through 300.818 and appendices A through E."

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Publication Date: 10/2020   Cover artwork: Google Images - NHS West Kent

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Introduction and Purpose

The purpose of this evaluation guide is to provide an explanation of the North Dakota eligibility criteria for Other Health Impairments (OHI), help individualized education program (IEP) team participants structure discussions about eligibility and programming, and provide information on appropriate evaluation procedures and techniques. Since evaluation and re-evaluation are intended not only for eligibility determination, but also to identify special education needs, it is important for IEP team documentation to be specific.

Other Health Impairments Statistics for North Dakota

Since 2010, OHI has ranked third in the frequency of special education disabilities, with Specific Learning Disability ranking first, and Speech-Language Impairment ranking second.

Students identified across all disability categories:

- In 2010, a total of 13,170 students were identified with a disability that qualified them for special education in North Dakota.

- In 2019, a total of 16,459 students were identified with a special education disability in North Dakota.

- This change in the number of students identified with a disability reflects a 25% increase in total count from 2010 to 2019.

In contrast, students identified as having OHI:

- In 2010, a total of 1,634 students were identified with OHI - 12% of the total special education count.

- In 2019, a total of 2,413 students were identified with OHI - 15% of the total special education count.

- This change in the annual number reflects a 48% increase in the total count for students identified as having OHI between 2010 and 2019.

Purposes of Guidelines for Serving Students with Other Health Impairments in Educational Settings include:

- Promote consistency in evaluation procedures across the State that are culturally sensitive, non-biased, yield results that assist with determining eligibility, and support the development of effective educational programming for students with OHI.

- Provide guidance to teams on the development of an Individual Education Program (IEP) that addresses all of a student's needs identified through the evaluation process.

- Provide resources for school-based practitioners on evidence-based practices and strategies to improve academic, social-emotional, and behavioral outcomes for students with OHI.

- Identify state and national resources for educators in support of school-based programming as well as family and community supports that will contribute to improved outcomes for students with OHI.

These guidelines reference the Individuals with Disabilities Education Improvement Act (IDEA) of 2006 and promote consistency in identification and individualization of programming for students with OHI. These guidelines also serve as a tool to assist those who educate students ages 3 – 21 with identified OHI in educational settings.

Additional guidance materials on special education topics can be found on the NDDPI Special Education website.

What is an Other Health Impairment?

Other Health Impairment means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited attention with respect to the educational environment. This limited attention is 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, sickle cell anemia, and Tourette syndrome; and adversely affects a child's educational performance. (This is not an exhaustive list; other conditions may be considered.)

What It Is and What It Is Not?

What OHI Is	What OHI Is Not
An impairment requiring a complete evaluation by an IEP team just like other impairment categories.	A default or back-up category if the child does not meet eligibility criteria for another impairment (for example, if a student's behavior is severe, chronic, and frequent but not across all settings does not mean the student has an OHI. It only means he/she does not have an emotional disturbance).
A wide range of health conditions with symptoms ranging from mild to severe.	The impairment category for students with primary mental health diagnoses.
A wide scope of service needs ranging from constant to intermittent.	An identification primarily based on the adverse effect of current substance abuse (such as alcohol or other drugs).
A continuum of options and services.	A disability more accurately described by another impairment.
A focus on presenting problems or needs.	An automatic qualification for students with any diagnosed medical condition, including ADHD (but must meet criteria and "need" for special education).
An individualized eligibility decision that specifically describes strengths and needs.	A way to avoid difficult discussions about eligibility labels.

Adapted from Minnesota Other Health Disabilities Manual (2013)

Screening and Early Intervention

Multi-Tier System of Supports (MTSS) and Screening Efforts

Schools across North Dakota are implementing North Dakota's Multi-Tier System of Supports (NDMTSS) to provide teachers and students a framework to provide all students with the best opportunity to succeed academically, socially, emotionally, and behaviorally in school and support staff in the implementation of effective practices.

NDMTSS Essential Components include:

1. Assessment
2. Data-Based Decision Making
3. Multi-Level Instruction
4. Infrastructure and Support Mechanisms
5. Fidelity and Evaluation

For detailed descriptions and clarity, NDDPI has adapted the American Institutes of Research (AIR) Fidelity Rubric and Worksheet and created a summary document outlining the Essential Components. NDMTSS information and resources can be found on the NDMTSS website.

What is an Appropriate Referral for Evaluation?

Before the comprehensive evaluation, the Response to Intervention (RTI) process, Multi-Tier System of Supports (MTSS), or building level support team should analyze the appropriateness of the proposed referral.

Referral and Evaluation Planning for Students, Ages 3-21

For those students who have been unable to make satisfactory progress as a result of classroom interventions, the school district will need to move to the written referral process to pursue a comprehensive evaluation for eligibility. The referral contains information that will assist the multidisciplinary team (MDT) in developing an assessment plan that will ensure a comprehensive evaluation is conducted, addressing the concerns observed throughout the intervention process.

Note: Complete information on the referral and evaluation process is available in the NDDPI document *Guidelines: Evaluation Process* available on the NDDPI Special Education website.

Parent(s) are essential members of the MDT. During the course of the intervention process, parents should be informed of the concerns observed and the interventions proposed to address those concerns. Schools are encouraged to inform parents about their child's intervention progress through the school's Response to Intervention (RTI) process, Multi-Tier System of Supports (MTSS), or Building Level Support Team (BLST).

The MDT and the Evaluation Planning Process

When a comprehensive evaluation is requested, the evaluation planning process begins, including these key components:

- The identification of the MDT

- The development of the Student Profile: Evaluation

- The formulation of assessment questions on the Assessment Plan

- The Consent for Initial Evaluation

- The completion of individualized assessments

- The preparation of the Integrated Written Assessment Report (IWAR)

The Student Profile: Evaluation

Once the membership of the MDT is identified, the team should then develop a Student Profile: Evaluation that documents the reason(s) for the proposed evaluation based on information from the referral. The Student Profile: Evaluation is beneficial for both initial evaluations and re-evaluations.

The Student Profile: Evaluation:

- Provides a comprehensive picture of the student

- Identifies patterns of current functioning

- Indicates areas where further information is required

Complete information regarding the development of the Student Profile: Evaluation is available in *Guidelines: Evaluation Process* found on the NDDPI website.

Assessment Plan

The assessment plan details how additional information will be obtained and who will be involved in the process. In developing the assessment plan, the MDT considers all areas of suspected disability from the referral, which are included in the student profile, thus ensuring a comprehensive evaluation.

The MDT is responsible for gathering the necessary observations and other data from a variety of settings, which will allow the team to make an appropriate determination of eligibility and identify all needs that require support from individualized programming. The data gathered by the MDT forms the basis for the Integrated Written Assessment Report (IWAR).

A thorough discussion of the IWAR is available in the NDDPI document, *Guidelines: Evaluation Process*.

Data Collection

A medical or mental health diagnosis is not required to meet criteria for special education eligibility for any category in the state of North Dakota. Eligibility for special education and related services is based on an educational determination of a disability, which includes meeting not just the criteria for a specific disability, but also finding that a student is in need of specially designed instruction.

Having a student's medical diagnosis in and of itself is not sufficient, or necessary, to determine eligibility. Just as the team would not use only one test or tool to make an eligibility determination, the evaluation should be sufficiently comprehensive to identify all of the student's special education and related service needs. To be eligible for special education as a student with an OHI, a student must meet the criteria of having an identified health condition and also demonstrate a need for specialized instruction.

A Release of Information signed by the parents/guardians may be requested in order to speak with the student's healthcare provider. Communication with the healthcare provider can help the team gain a better understanding of the student's health condition and determine what educational impact it may have on the child. This communication helps the healthcare provider understand the school's role and the accommodations and modifications that can be provided.

Factors to consider in an evaluation include, but are not limited to:

- Medical history including medications

- Type, degree, and severity of health impairment

- Current levels of performance both academic and non-academic

- Need for special education and related services

Culturally Sensitive Assessment Practices

IEP team members must understand the process of second language acquisition and the characteristics exhibited by English Learner (EL) students at each stage of language development if they are to distinguish between language differences and other learning impairments. Consideration should be given to the use of an interpreter, nonverbal assessments, and/or an assessment in the student's primary language.

Difference vs Disability

Research in neuroscience confirms no two students share the same brain print. Each student learns differently, managing his or her own unique network of cognitive abilities and challenges to access information, make meaning, and express ideas. Each students' interests, exposures, skills, and difficulties combine in complex ways to define their school experience. In order to help students, it is important to understand the variance between children's embedded differences and those children with a disability.

Differences include diversity in:

- Race
- Ethnicity
- Gender Identity
- Religion
- Sexual Orientation
- Socioeconomic Standing
- Cultural Background
- Linguistics

Differences also include varied styles of learning (visual, spatial, auditory, logical, kinesthetic, etc.), whereas a disability has specific criteria for eligibility under IDEA.

Considerations for Nonbiased Assessment

It is very important that the MDT considers any and all factors that may interfere with obtaining a true picture of a student's functioning.

Significant consideration must be given to choosing assessments that are non-biased to prevent disproportionate representation of culturally or linguistically diverse students in special education, which has been a concern for more than three decades (NEA, 2007). Certain subgroups of culturally and linguistically diverse populations have been overrepresented in specific IDEA categories such as emotional disturbance and intellectually disabled (NEA, 2008).

The MDT must consider cultural influences and linguistic differences that may impact its analysis of student behavior, especially regarding English Learners (EL) who are often overrepresented in special education programs.

A complete description, as well as additional considerations in the development of the assessment plan process, is available in *Guidelines: Evaluation Process*.

Best Practices in Evaluations

Evaluations for all disability categories require comprehensive assessment methods that encompass multiple modes, sources, life domains, and settings.

Modes:

In addition to an extensive review of existing records, teams should gather information from anecdotal records, unstructured or structured interviews, rating scales (more than one scale; narrow in focus versus broad scales that assess a wide range of potential issues), observations (more than one setting; more than one activity), and work samples/classroom performance products.

Sources:

It is important to consider a variety of sources when looking at each area of assessment. Information pertaining to the referral may be obtained from parent(s)/caregiver(s), teachers, community agencies, medical/mental health professionals, and the student. For example, when obtaining information from interviews and/or rating scales, consider all available sources—parent(s), teachers, and the student—for each rating scale/interview.

Life Domains:

Teams should take care to consider all affected domains and provide a strengths-based assessment in each area. Domains to consider include:

- Cognitive Ability
- Academic Achievement
- Communication
- Physical Characteristics including medical/mental health information
- Emotional/Social Development
- Adaptive Characteristics
- Ecological Factors

Settings:

Observations should occur in a variety of settings that provide an overall description of the student's functioning across:
- Environments (e.g. classroom, hallway, cafeteria, recess, transportation)
- Activities (e.g. whole group instruction, special area participation, free movement)
- Time

Teams should have a 360 degree view of the student.

Determining Eligibility for Special Education

Special education eligibility under the category Other Health Impairment is defined as limited strength, vitality, or alertness. This includes heightened alertness to environmental stimuli, which results in limited alertness with respect to the educational environment due to a known medical condition. The health condition adversely affects educational performance and creates a need for specially designed instruction. (Examples of chronic or acute health problems would include, but are not limited to: asthma, characteristics of attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, Tourette syndrome, and/or students with progressive diseases such as muscular dystrophy or multiple sclerosis).

A medical diagnosis is not a necessary or a sufficient criterion (when used by itself) for establishing OHI eligibility. In order to provide a Free and Appropriate Public Education (FAPE) under the provisions of IDEA, if the school district requires a medical assessment or diagnosis for a student, the school district is responsible for the cost of the assessment or diagnosis, not the child's parents. The confirmation of a medical condition that causes limited alertness, vitality, or strength is not enough, however. The condition and diminished strength, vitality, or alertness caused by the medical condition must also adversely affect the student's educational performance, requiring specially designed instruction.

Criteria:

In North Dakota OHI criteria are as follows:

1) The Multidisciplinary team determines the child has
   a. Limited Strength, Vitality, or Alertness, or
   b. A Chronic or Acute Health Problem

   Which is:
2) Adversely Affecting a Child's Educational Performance, Creating a Need for Specially Designed Instruction

Limited Strength, Vitality, or Alertness:

Limited strength is indicated by an inability to perform typical tasks at school.

Strength:
- o Bodily or muscular power
- o Vigor
- o Durability related to a decreased capacity to perform school activities
- o Tires easily
- o Chronic absenteeism related to the medical condition

Consider:
- → Can the student sit or stand as required by school activities?
- → Is the student able to hold a pencil or use other classroom tools?

Limited vitality is indicated by an inability to sustain effort or to endure throughout an activity.

Vitality:
- o Decreased focus on tasks
- o Decreased endurance
- o Limited time on a task
- o Lethargy
- o Decreased tolerance

Consider:
- → Does the student fall asleep or require frequent rest breaks due to their medical condition?
- → Does the student have a limited ability to tolerate a physical activity? Or a noise?
- → Does the student have a difficult time getting started on a physical activity?

Limited alertness is indicated by an inability to manage and maintain attention, to organize or attend to surroundings, and to prioritize environmental stimuli, including heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment.

Alertness:
- o Attentive
- o Aware
- o Observant

- o Watchful
- o On guard
- o Initiating

Consider:
→ Is the student aware of his/her surroundings and the activities going on in those surroundings?
→ Does he/she have the mental acuity to participate in the lesson or activity?

Keep in mind there may be too much vitality or alertness, especially when the student has ADHD.

Overlap is certainly evident in the meanings of the three terms strength, vitality, and alertness. A student might have the strength to sit up or hold a pen, for example, but might not have the vitality or alertness to complete the task at hand.

Chronic or Acute Health Problem:

Note there is no specified length of time for the health problem to be present or to continue. Students with chronic health problems may need intermittent services, especially if their illness is cyclical or if the illness may recur necessitating additional treatment. The terms "acute" or "chronic" are included to indicate the health problem may be either, but they are not a distinction on which to determine eligibility. If it can be determined whether the health problem is chronic or acute, it may prove helpful in programming decisions.

Chronic: This type of impairment is long-term and is often either not curable or has residual features resulting in limitations of daily living functions. Chronic conditions are those requiring special assistance or adaptations. The chronic condition may be a disease or disorder that develops slowly and persists for a long period of time, often the remainder of the child's life span. Chronic conditions may also include degenerative or deteriorating conditions.

Acute: This type of impairment begins abruptly and with marked intensity. It then subsides or has a rapid onset, severe symptoms, and a short course; the acute condition may be short-term or persistent. Acute conditions may also require assistance or adaptations.

Adversely Affecting a Child's Educational Performance, Creating a Need for Specially Designed Instruction (SDI):

It is important to structure the IEP team discussion to examine how the child's education is impacted. This information will be critical if the student is found to be a child with a disability and an IEP is going to be developed.

Describe how the health problem is manifested at school, including implications for programming.

Examples of adverse effects:
- Medications have impacts on vitality and alertness
- Moving in and out of treatment facilities disrupts the continuity of learning
- Frequent hospitalizations impact a student's attendance and subsequent ability to complete classwork
- A chronic or acute health condition impacts stamina, and the student requires frequent rest periods

Overlap exists between the three areas (limited strength/vitality/alertness, chronic/acute health problem, and adverse effects on educational performance). It is more important to identify the issues and needs for an individual student than to try categorizing a student's health problems.

When a Health Condition Affects School Attendance

It's not uncommon for a child with a health condition to have periodic absences from school, sometimes even lengthy ones, especially if hospitalization is necessary. It is important to consider the impact these absences have on the child's educational performance and develop a plan to minimize negative educational impact of these absences.

When a Health Condition Affects Brain Function

For some health conditions, cognitive functioning may need to be evaluated.
Brains develop each and every process/building block in a progressive manner. Skills build upon one another to become more complex and efficient (i.e. higher order thinking). The graphic below represents typical areas of processing/learning and those that are commonly affected by brain injury, trauma, neglect, or other health conditions.

Building Blocks of Brain Development

CO Brain Injury Steering Committee: Adapted from Miller, 2007; Reitan and Wolfson, 2004; Hale and Fiorello, 2004

Skill development in the fundamental processes of memory, processing speed, attention, inhibition, and sensory-motor functioning is the foundation for building language, visual-spatial, and learning processes. These three intermediate processes set the stage for social-emotional competency and executive functions, which are necessary for overall achievement.

Redetermination or Termination of Eligibility

A review of eligibility is required every three years. A re-evaluation of eligibility may be conducted at an earlier date if the student's medical condition changes or appears to no longer impact educational performance to the extent that special education services and programs are needed. Based on the review of existing data, the special education team will decide if OHI eligibility is in question and if updated information is needed to re-determine eligibility.

Eligibility Should be in Question If…	Eligibility May Not be in Question If…
The medical condition has stabilized to the extent the student may no longer need special education support related to his/her medical condition.	There appears to be no change in the medical condition and the IEP team has data to support the need for continued special education services.
The medical condition is appropriately managed by prescribed medications and prescribed treatment, and the student's school performance has improved. Or, if updated, diagnostic information is needed from the physician.	Updated information from the physician is not necessary to determine the impact the medical condition is having on school performance.
The student is regularly attending school and is progressing in the area of academics, as well as participating (socially, behaviorally, and physically) at the same rate as his/her general education peers.	The student continues to demonstrate a lack of meaningful and productive participation in school and/or demonstrates reduced efficiency in school work as it relates to the identified health problem.
The student may be better described by another eligibility area.	No other eligibility category needs to be considered.

Section 504

The purpose of Section 504 of the Rehabilitation Act of 1973 is to ensure no student with a disability will be excluded from participation, be denied the benefits of, or otherwise be subjected to discrimination under any program or activity that receives or benefits from federal financial assistance. A person with a disability is defined in the Section 504 regulations as, "…any person who has a physical or mental impairment which substantially limits a major life activity, has record of such an impairment, or is regarded as having such an impairment."

Unlike IDEA 2004, Section 504 does not provide a specific list of categories for disabilities with strict eligibility requirements. Section 504 includes short-term and long-term disabilities that may be interfering with the child's ability to access the general curriculum. Section 504 is administered by the Office of Civil Rights (OCR).

There may be students who are not eligible for services under IDEA 2004 who may qualify under Section 504. As in IDEA 2004, Section 504 regulations provide the option that students with disabilities be placed with non-disabled peers to the "maximum extent appropriate" to meet their individual needs.

Section 504 further requires students with disabilities be placed in the "regular environment" unless it is established that a satisfactory education cannot be achieved in the "regular environment" with supplementary aids and services. Section 504 does not require an individualized education program (IEP), but it does require its functional equivalent, which is termed a 504 plan or an educational plan. Local education agencies must have procedures for implementing Section 504 services. The document *Section 504 Subpart D: Guidelines for Educators and Administrators* is available on the NDDPI website on the Policy/Guidelines page.

IEP Development and Educational Programming

Once the MDT has found a student who is eligible under OHI, the IEP team must meet to develop a plan to address all needs identified through the assessment process. IDEA requires the IEP be developed and implemented within thirty calendar days of the eligibility determination. The student's IEP will provide a description of the student's needs and detail the special education and related services and other supports necessary to address those needs.

For a complete review of IDEA regulations regarding parent participation, please see 34 CFR §300.322 and NDDPI's *Guidelines: Individual Education Program Planning Process* found on the NDDPI website.

Parent/Guardian Participation in the IEP

The participation of parents is critical to the IEP process for all students with disabilities. The input of parents regarding observations of the student outside the school setting, the student's developmental milestones, or the student's motivations and interests can be an integral part of developing an effective IEP.

For further team guidance in eligibility and programming, please see Appendix C: *Team Considerations for Eligibility and Programming for Students with Other Health Impairments*.

Key Components of the IEP for Students with OHI

Modifications and Accommodations

Supplementary aids and services include modifications and accommodations. The terms *accommodation and modification* are often used interchangeably; however, they are very different in meaning. Modifications and accommodations must be specified for each individual student.

Modifications are changes to practices in schools that alter, lower, or reduce expectations to compensate for a disability. Modifications change the standard for a given student.

Examples of curricular modifications:

- Alternate curriculum goals and/or achievement standards
- Partial completion of general education curriculum (student's learning needs are different from the general education curriculum)

Accommodations are changes in procedures or materials to mediate the impact of the disability. Accommodations increase equitable access to the general education curriculum and hold the student to the same standards as students without disabilities.

Examples of accommodations for a student with an OHI may include:
- Alternative seating options
- Reduced number of assignments
- Frequent activity break
- Pictures of schedules/agendas
- Privacy considerations
- Classroom schedule adjustments for engagement opportunities

Continuing the education of an individual can occur within the 1:1 setting during the student's medical care with alternative service delivery.

Examples include:
- Reading or audio books during medical procedures
- Virtual learning during routine monitoring

Protecting Medically Vulnerable Students:

Students who are immunocompromised or have underlying respiratory issues may be at greater risk of severe or life-threatening illnesses. IEP and Section 504 teams should give special thought to how they will program for and place students who are medically fragile.

Team Considerations:

- IEP and Section 504 teams should determine what accommodations a student may need to remain safe and whether the student may require an alternative placement.
- Include the student's primary care physician (or medical specialist) in the discussion.
- Teams should be ready to succinctly describe to the student's medical providers what provisions are being made to protect the general student population. The medical provider can offer specific recommendations as to what additional measures might be needed to keep the student safe.
- Identify students who cannot safely learn in traditional school settings. IEP and 504 teams must determine which students are at too great a risk regardless of what safeguards are in place. These students may need online, homebound, or hospital learning options.

Another option may be to keep some students in small groups to reduce the risk of infection. This decision must be made by the IEP team or 504 team on an individualized basis with supporting data and considerations for the least restrictive environment. Input from the student's medical provider is recommended.

Adapted from: Joseph Pfrommer, Esq., 2020 LRP Publication

Many children with disabilities, especially those with medically fragile conditions, could not attend school without the supportive services of school nurses and other qualified people. School nursing requires a qualified nurse to provide the service whereas health services may be provided by either a nurse or Unlicensed Assistive Personnel (UAP) who are trained and if necessary, delegated and supervised by the nurse. School health services and school nurse services may include the following as health-related support:

- Gastric feedings
- Clean intermittent catheterization
- Suctioning
- Management of a tracheostomy
- Administering and/or dispensing medications
- Planning for the safety of a child in school
- Ensuring care is given while the child is at school and at school functions to prevent injury (e.g., changing a child's position frequently to prevent pressure sores)
- Chronic disease management
- Conducting and/or promoting education and skills training for all (including the child) who serve as caregivers in the school setting.

Source: http//www.parentcenterhub.org/ohi/#idea

All students attending public schools must have access to health supports during the school day and during extracurricular school activities, if necessary, to enable the student to participate fully in their educational program. Since most school districts do not have a full-time nurse in each school, it is often necessary to utilize telehealth or delegate specific nursing tasks to a UAP so children with special health care needs can attend school and school sponsored activities.

Any health-related procedure in school requires medical orders. Knowing when and how to delegate specific nursing tasks is essential for the school nurse. Only a registered nurse can delegate nursing care. Further, nursing delegation is not appropriate for all students, all nursing tasks, or all settings (NASN 2014). Tasks commonly performed by a parent/guardian at home need to be addressed in relation to the school setting. Such tasks may be performed by UAPs, while some must be performed by a registered nurse, as specified by the Nurse Practice Act.

Placement in the Least Restrictive Environment: LRE

From its inception in 1975, IDEA has required that all students with disabilities be educated in the least restrictive environment (LRE)—i.e., students with disabilities, including preschool-aged students, must be educated with students who are nondisabled to the maximum extent appropriate. The requirements are found in 34 CFR §300.114(a). Consideration of LRE always begins with the general education classroom.

It is very important for the IEP team to keep in mind that special education is not a place, but rather a set of services (and the type of environment/location for those services) that will allow the student to progress in the general education curriculum.

Continuum of Least Restrictive Environments:

A continuum of educational alternatives is available to meet the needs of children with disabilities for special education and related services, 34 CFR §300.38. This may include instruction in general education classes, special education classes, separate schools, homebound instruction, and/or instruction in hospitals and institutions (such as residential treatment facilities).

Remember, the determination of the LRE for a student cannot be based on the student's identified disability, the types of special education programs available in the district, the availability of a particular classroom or service, or administrative convenience. LRE determination is an individualized decision.

Evidence-Based Intervention and Instructional Strategies

The team should design a program that meets the needs of the student including, but not limited to, the following areas:

- o Physical independence, including mastery of daily living skills
- o Self-awareness and social maturation
- o Communication
- o Academic growth
- o Life skills training

Teaching Strategies

Direct Instruction: This approach is based on the theory that learning is maximized when instructional presentations are clear and questionable data is eliminated. Teachers can use this strategy in a small or large group. Frequent praise is given for correct responses and errors are corrected immediately. Students are grouped heterogeneously to accelerate learning.

This is a highly structured approach to instruction designed to increase the learning of at-risk students. More information is available from the Promising Practices Network.

Implementing Technology

Promising Practices

Several strategies exist that incorporate technology teachers can provide to students with health impairments to allow those students easier access to the curriculum. An example would be to stream and/or record class periods or lectures. If a student misses class, they would be able to access the material and watch what they missed. This material could then be posted online for students to download and view.

Being accessible to parents and students through technology is a way to keep everyone informed and engaged. An example would be to post information online regarding assignments. The students can feel they are still connected to their teacher even if they may not be present in school that day. This is another way that students with health impairments can plan ahead or address missed assignments.

Students with health impairments may need assistive technology in the classroom to help them complete everyday tasks. Providing ergonomically correct work-stations and computer stations, providing speech recognition software, or providing alternative computer input devices like one-handed keyboards or switches can help students complete assignments using a computer. Providing students with a pencil grip, page turners, book stands, or a larger area to complete classroom assignments can also help students with health impairments.

Note: Assistive technology devices and services are defined in the IDEA regulations at 300.5 and 300.6. For more information on this topic, please refer to the NDDPI guidance document, *Guidelines for the Provision of Assistive Technology to Students with Disabilities under IDEA Part B* found on the NDDPI website.

Planning for Transitions

After a child has been out of school for an extended period of time, it's important for parents and school staff to plan carefully for his or her return to school and the activities that happen there. Planning for a child's transition isn't just about when he or she returns to school, though. It needs to include moves from:

- Hospital to home
- Home to school
- School to school
- Hospital to school
- Early intervention to early childhood services (Part C to Part B transition)
- School to work or college

- Pediatric care to adult health care (Pola-Money, 2005)

Environmental Intervention – Examples:
- Smaller class sizes
- Multiple communication systems
- Student advocacy systems
- Adaptive equipment
- Parent support programs
- High-interest instructional materials
- Cueing systems
- Schedule modifications
- Computer-assisted instruction and production
- Room design accommodations
- Structured behavior intervention plans

Structural Intervention – Examples:
- Room size (appropriate adult/teacher ratio, percentage of students with disabilities, and accessibility)
- Seating arrangement (proximity to peers, support personnel, and teachers)
- Room arrangement (placement of desks, tables, and students; accessibility of teacher; worktables; calming or refocusing area)
- Lighting (glare or intensity of light)
- Materials (availability of textbooks, remedial materials, and alternative format materials; learning center options)
- Multi-modal instructional resources and equipment
- Visuals such as charts, color coding, and pictures
- Visual distractions (posters, bulletin boards, windows, or pencil sharpener)
- Noise levels
- Master notebook with separate sections for the student to keep each subject organized
- Label folders, notebooks, and other items needed in school
- Color-coded materials for each subject
- Time allotted for student to organize materials and assignments for home
- Post steps for getting ready to go home
- Classroom schedule and daily routines posted for the individual

Social and Emotional Support – Examples:
- Peer interactions
- Family involvement
- FBA and BIP
- Home and school collaboration
- Community participation

Instructional Support – Examples:
- Specially designed instruction for 1:1 or small groups
- Teach the most cognitively demanding subjects in the morning
- Accessibility of special education personnel, related services personnel, or support personnel
- Peer mentoring programs
- Job-shadowing opportunities for students of transition age

These support considerations are individually tailored to each student's needs.

Without the appropriate supports, students with ADHD may experience long-term difficulties in academic, social, and emotional functioning. However, a number of strategies can be taught to these students to enable them to have more control over their own educational outcomes:

- Allow extra time to transition from one activity or environment to the next
- Teach specific techniques for organizing thoughts and materials
- Organize the classroom and keep all materials in a designated location for easy access
- Allow extra time for finishing assignments or for testing
- For more complex activities, simplify steps to make them more manageable
- Seat the student close to the teacher and away from any peers who might be distracting
- Post a daily and weekly schedule that clearly delineates each activity; these schedules can then be used as prompts to direct the student back on task
- Keep these schedules as consistent as possible, and keep unstructured time at a minimum
- The most effective tool in helping a student is a positive attitude in both the teacher and student

Some curriculum adaptation strategies include:

- Use a graphic organizer, such as a web, to display the characters, plot, themes, and settings in a novel
  - Ask the student to fill in information as it's being read, or have the student read aloud while you log the information
  - Have the student use index cards to make a timeline of key events
  - Provide student with the facts and formulas he or she needs to learn the concept and allow the use of a calculator to help with problem solving, especially when introducing a new concept
  - Make use of number lines and other visual references to help during problem solving

- Create, or help the student create, a journal containing basic strategies and math operations that pertain to whole numbers and encourage the student to reference the journal when he or she is having difficulty remembering a process

Resources for Educators, Administrators, and Families

Many resources are available to assist IEP team members in developing an evidence-based approach to educating students with OHI. Several are listed below. Additional resources can be found on the NDDPI website or at the North Dakota Department of Health and Human Services website. Some of these resources on the NDDPI website include:

- "On the 5's": Improving Literacy through Self-Regulation: A Free Practical Guide for Caregivers
- "On the 5's": 10 minute training video
- Self-Regulation Assessment

Best Evidence Encyclopedia – Johns Hopkins University, School of Education
Created by the Johns Hopkins University School of Education's Center for Data-Driven Reform in Education (CDDRE) with funding from the U.S. Department of Education, Institute of Education Sciences. The site provides summaries of scientific reviews regarding programs available for students K-12.

More information on this strategy is available on the Best Evidence Encyclopedia website.

What Works Clearinghouse – Institute of Education Sciences, USDOE

The What Works Clearinghouse reviews research on existing programs, products, and practices to provide educators with the information necessary to make evidence-based decisions. The site provides information on a wide variety of topics, including math and reading instruction and behavior.

More information on this strategy is available on the Institute of Education Sciences website.

Evidence-Based Practices in Instruction – IDEAs that Work

The U.S. Department of Education maintains this site and is dedicated to providing information to teachers on selecting and implementing evidence-based practices. It includes multiple links, including the IRIS Center at Vanderbilt University, which offers an evidence-based module series.

More information is available on IDEAs that Work and the IRIS Center websites.

Additional Resources: Evidence-Based Strategies

Family Check-Up: This is a preventative intervention used to help parents address problematic behaviors in their young children before these behaviors become more difficult or a bigger problem. This intervention could help families understand their child's health impairment and get the appropriate resources early in the child's life. This will benefit school systems as the family will already know what information or supports to share and use as the child enters school.

Additional information is available at: RAND Social and Economic Well-Being website.

Transitioning from Pediatric to Adult Health Care
A resource for teens and young adults with special health care needs, chronic illness, physical or developmental disabilities.
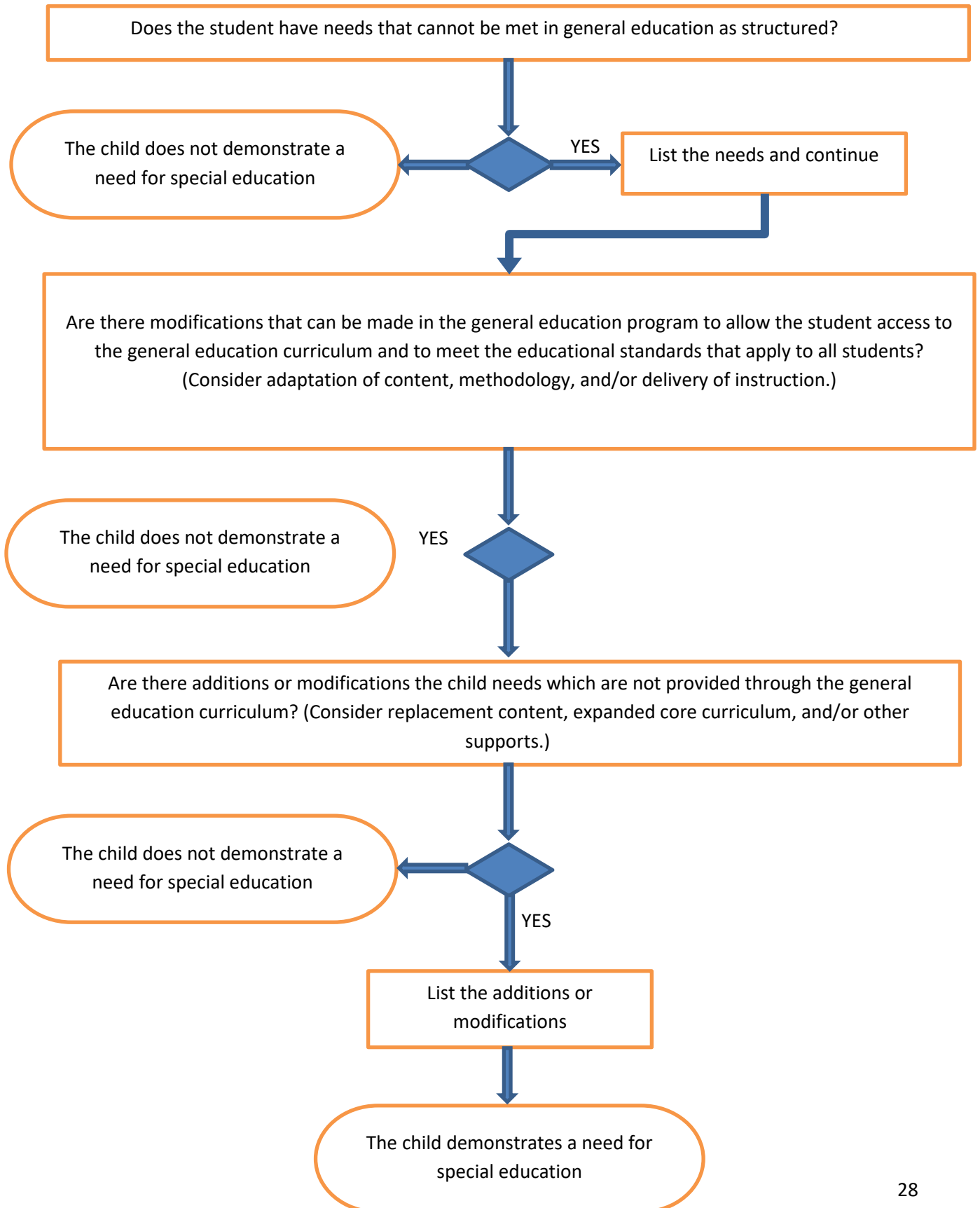
Additional information is available at: The Adolescent Health Transition Project.

Transitions for Youth with Health Care Needs
Information can be found at: Healthy & Ready to Work (HRTW) National Resource Center.

Appendices

Appendix A: Determination of Need for Services Flowchart

Does the student have needs that cannot be met in general education as structured?

The child does not demonstrate a need for special education ← **YES** → List the needs and continue

Are there modifications that can be made in the general education program to allow the student access to the general education curriculum and to meet the educational standards that apply to all students? (Consider adaptation of content, methodology, and/or delivery of instruction.)

The child does not demonstrate a need for special education **YES**

Are there additions or modifications the child needs which are not provided through the general education curriculum? (Consider replacement content, expanded core curriculum, and/or other supports.)

The child does not demonstrate a need for special education ← **YES**

List the additions or modifications

The child demonstrates a need for special education

Appendix B: OHI Sample Checklist

OTHER HEALTH IMPAIRMENT CHECKLIST

Determination of Disability:
(Student's name) meets special education eligibility under the category Other Health Impairment (OHI) as defined as limited strength, vitality, or alertness, including heightened alertness to environmental stimuli. The OHI, which results in limited alertness with respect to the educational environment, may 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, sickle cell anemia, Tourette syndrome, or another health condition that adversely affects (Student's name) educational performance.

Qualifying Criteria:
The following criteria must be met prior to a multi-disciplinary team determining a child to have an Other Health Impairment:

Due to the diagnosed health condition, the student has limited strength, vitality, or alertness (including a heightened alertness to the environment) that results in limited alertness with respect to the student's education environment. This includes:
- [ ]   Excessive absenteeism linked to the health condition
- [ ]   Specialized health care procedures that are necessary during a school day
- [ ]   Medications that adversely affect learning and functioning
- [ ]   Limited physical strength resulting in decreased capacity to perform school activities
- [ ]   Limited endurance resulting in a decreased ability to maintain performance
- [ ]   Heightened/diminished alertness resulting in impaired abilities
- [ ]   Impaired ability to manage and organize materials and complete classroom assignments
- [ ]   Impaired ability to follow directions or initiate and complete a task

Adverse Impact on Educational Performance:
Documentation is provided regarding the adverse impact on the student's educational performance resulting in the need for specially designed instruction, the type of instruction required, and why it cannot be provided by general education. **(Must be related to the chronic/acute health condition.)**

- [ ]   Academic work is consistently in the poor-to-failing range
- [ ]   Test scores are consistently in the poor-to-failing range
- [ ]   Fails to consistently complete work in a timely manner resulting in poor-to-failing academic performance
- [ ]   Consistent decrease or change in the amount of work produced that results in poor-to-failing academic performance

[ ] Consistent decrease in student's independent functioning or organizational skills that results in poor-to-failing academic performance
[ ] Social relationships and/or behavior with peers and adults are negatively impacted due to self-regulatory skills, impulsiveness, executive functioning skills, social skills, and/or sensory needs

Data for Determining Eligibility was Gathered From
(List multiple resources; Not all may apply)**:**
[ ] District-wide, state-wide, or other criteria referenced tests (e.g., MAP, NDSA, AIMSWEB, etc.)
[ ] Interviews with classroom teachers
[ ] Interview with the student's parents or guardians
[ ] Documented observations in the classroom or other learning environments
NOTE: Although a minimum of one observation in the area of disability is required, best practice is three observations.
[ ] A review of the student's health history, including verification of the student's medical diagnosis and health condition
[ ] Review of the student's academic records
[ ] The evaluation findings *may* also include data from standardized, nationally-normed tests of achievement and ability, an interview with the student, information from the school nurse or other individuals knowledgeable about the health condition of the student, behavior rating scales, gross/fine motor/sensory motor measures, communication measures, functional skills checklists, and environmental/socio-cultural information reviews

Appendix C: Team Considerations When Determining Eligibility and Programming for Students With Other Health Impairments

- **Pre-academic, academic, and classroom performance**

  o Is the student making appropriate progress from year-to-year?

  o How does the student function:
      1. In the classroom?
      2. In large groups?
      3. In small groups?
      4. In unstructured time?
      5. Independently?
      6. One-on-one?

  o Does the student require medication that can impact strength, vitality, and/or alertness?

  o Do health care procedures take time away from instruction?

  o Are there some issues with scheduling?
      1. Consider revising the schedule to allow for rest breaks.
      2. Schedule classes to not conflict with health care procedures.
      3. Are there better or worse times of the day that can be accommodated through re-arranging the child's schedule?

  o Is the student in chronic pain, reducing their endurance or stamina?

  o Does the student have difficulty with time management and organizational skills?

  o Does the student have difficulty following directions or completing tasks?

  o Is there a decrease or change in the student's work output?

  o Does the student have memory problems (such as short-term memory) or difficulty recalling information?

- **Attendance and loss of instructional time**

  o Does the student have excessive absences due to their medical condition?

- o Do the health-related absences create gaps in the student's education?

- o If the absences are related to the health condition, are services provided while the student is unable to attend school?

- o Does the student have prolonged periods of absence from school causing isolation from his/her peers?

- o Do the prolonged absences contribute to the student knowing and understanding school rules and expectations?

- o Does the health condition interfere with the student developing relationships with peers and/or with adults in the school setting?

- o Does the student miss instructional time due to health care procedures necessary at school?

- o Does medication cause memory, attention, or fatigue issues?

- **Behavior and social skill functioning related to the health condition**

  - o Is the student reluctant to attempt new tasks because they may be painful or difficult?

  - o Is the student self-conscious and perhaps overly defensive about his/her health condition?

  - o Is the student's behavior interfering with his or her learning or that of others? (Keep in mind that "behavior" includes not only acting out or disruptive behavior but also withdrawal and lack of ability to engage with others).

  - o What about non-academic activities (e.g. recess, lunch, physical education, field trips) and unstructured times?

  - o Is the student able to successfully transition from activity-to-activity or location-to-location?

  - o Are there accommodations or modifications the student may need in order to participate?

  - o Is the student easily distracted, requiring frequent redirection or supports to remain on task or complete a task?

- **Communication and breathing**

  - Is the student's communication impacted by the health condition? (Consider both written and verbal communication.)

  - Does the student use an augmentative device to communicate?

  - Is the student using assistive technology?

  - Does the student have breath support problems that might occur as a result of their health condition?

  - Does the student have difficulty breathing?

  - Does the student expend a great deal of effort in breathing, necessitating frequent rest breaks?

- **Motor skills**

  - Does the student have gross and/or fine motor skill deficits related to their health problem?

  - Are there issues with strength, balance, posture, or muscle weakness?

  - Can the student move within typical timelines?

  - Does the student have difficulty moving around the classroom, moving from classroom to classroom, and moving to other areas within the school building and property?

  - Is the student able to move up and down stairs?

  - Can he/she keep pace with peers?

- **Adaptive skills, vocational skills, and transition planning**

  - What about adaptive skills needed to be a part of the community?

  - Are there health and safety concerns?

  - Can the student manage self-care, toileting, and other personal care skills?

  - Does the student need instruction in self-monitoring or self-regulation?

- Does the student demonstrate self-advocacy?

- Is there equipment the student must obtain and care for? (This could include eyeglasses, a walker or wheelchair, cleaning supplies such as alcohol wipes or sterile gauze, etc.).

- What about organizational skills?
  Consider:
  1. Record keeping.
  2. Organizing medications so they are taken correctly.
  3. Keeping a calendar of appointments.
  4. Making a list of health care providers.
  5. Keeping a list of prescription and over-the-counter medications and supplies.

- Does the student understand his/her dietary and nutrition needs, and can the student follow those guidelines?

- Can the student read, understand, and implement directions and labels?

- Does the student require additional education, training, or transition supports to access vocational programs?

- What accommodations and modifications might the student need in a job or post-secondary education setting due to their health condition?

References

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