



*Guidelines for Serving Students with Other Health Impairments in Educational Settings* 

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- Gain a comprehensive understanding of OHI
- Expand toolkit of teaching/learning strategies
- Identify resources and support considerations



## What is an Other Health Impairment?

Other Health Impairment means having:

- Limited strength
- Vitality
- Alertness (This limited attention is due to chronic or acute health problems such as):

Only ONE of the above three needs to apply

- Asthma
- Diabetes
- Epilepsy
- A heart condition
- Hemophilia
- Attention Deficit
   Hyperactivity Disorder

- Lead poisoning
- Leukemia
- Nephritis
- Rheumatic fever
- Sickle cell anemia
- Tourette syndrome

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 (I.e., If a student's behavior is severe, chronic, and frequent but does not occur across all settings).					
A wide range of health conditions with symptoms ranging from mild to severe.	The impairment category for students with primary mental health diagnoses.					

What OHI Is	What OHI Is Not					
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 c	An automatic qualification for students with any diagnosed medical condition, including ADHD.
An individualized eligibility decision that specifically describes strengths and needs.	A way to avoid difficult discussions about eligibility labels.

### **Determining Eligibility for Special Education**

Special education eligibility under the category Other Health Impairment is defined as limited strength, vitality, or alertness.

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.





When planning for support, accommodations,& interventions, make sure you have enough data and information to obtain a 360° view of your student. Factors to consider for evaluation include (but are not limited to):

✓ Medical history including medications

Data Collection

- $\checkmark$  Type, degree, and severity of health impairment
- ✓ Current levels of performance both academic and non-academic
- $\checkmark$  Need for special education and related services

### **Difference vs Disability**

Research confirms no two students share the same brain print. Each student learns differently, including how they access information, make meaning, and express ideas. Each students' interests, exposures, skills, and difficulties combine in complex ways to define their school experience.

Differences include:

- \* Race
- \* Gender Identity
- \* Sexual Orientation
- \* Cultural Background

- \* Ethnicity
- \* Religion
- \* Socioeconomic Standing
- \* Linguistics

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

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.				

Eligibility Should be in Question If	Eligibility May Not be in Question If					
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 & productive participation in school and/ or demonstrates reduced efficiency in schoolwork as it relates to the identified disability.					
The student may be better described by another eligibility area.	No other eligibility category needs to be considered.					

## **Criteria**:

The <u>three</u> determinations in the ND OHI criteria are as follows:

1) Limited Strength, Vitality, or Alertness

\*Note: Only <u>one</u> of the above must apply in any individual case.

- 2) Chronic or Acute Health Problem
- 3) Adversely Affecting a Child's Educational Performance

## 1. Limited Strength, Vitality, or Alertness:

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

## Strength:

- •Bodily or muscular power
- •Vigor

Durability related to a decreased capacity to perform school activities
Tires easily

•Chronic absenteeism related to the medical condition

## <u>Consider</u>:

•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:

- •Decreased focus on tasks
- •Decreased endurance
- •Limited time on a task
- •Lethargy
- •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 <u>alertness</u> 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.

## <u>Alertness</u>:

- Attentive
- Aware
- Observant
- Watchful
- On guard
- Initiating

## <u>Consider</u>:

• 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?

## 2. Chronic or Acute Health Problem:

There is no specified length of time for a 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 vs. Acute:

<u>Chronic</u>: 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.

<u>Acute</u>: 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.

### 3. Adversely Affecting a Child's Educational Performance:

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

<u>Note</u>: Overlap can/ does exist between the three aforementioned areas.

<u>**Remember</u>**: It is more important to identify the issues and needs for an individual student than it is to try to "categorize" a student's health problems.</u>

## **Building Blocks of Brain Development**



CO Brain Injury Steering Committee: Adapted from Miller, 2007; <u>Reitan</u> and Wolfson, 2004; Hale and <u>Fiorello</u>, 2004 Polysubstance use may include, but is not limited to, combinations of: ✤ nicotine ✤alcohol marijuana opiates methamphetamine ✤ cocaine heroin **\***synthetics





## Exposure to Poly-Substances during pregnancy/infancy or extreme stress, neglect, abuse, and/or trauma changes the developing brain of the child.

> The brain stem is over-activated: leading to magnified fear and/or anger response.

The cerebellum & limbic system is under-activated: leading to withering of emotional control.

> The cortex is under-activated: leading to diminished learning, memory, attention, and higher order thinking.

Downshifting- under threat and stress, the brain shuts down layer by layer-"Go Reptilian!"





Exposure to Drugs or Alcohol before/after Birth may cause a Neurodevelopmental Disorder that changes BRAIN STRUCTURE

Causes dendrites to be shorter \*Difficulty carrying information
 \*Impacts working memory & attention

- > Causes myelin sheath to be thinner-
- > \*Slower processing skills
- > \*Problems with brain under-connectivity





## **Because of Structural Changes in the Brain:**

These children have a great need for targeted & repetitive exercises to increase neural connectivity.

While the most active part of brain development is birth to four, the second most active phase continues throughout elementary years and adolescence.

This is another large window of opportunity to improve memory, attention, and processing speed.







**Instructions:** Rate the child on a scale of 1-4 for each skill area. Compare growth in single skills, subtotal areas, and overall total when progress monitoring.

Self-Regulation Data Collection	Limited Skills (1)	Date	With Prompts (Visual/Verbal) (2)	Date	Across 1+ Settings (Emerging) (3)	Date	Across All Settings (Functional Independence) (4)	Date
Basic Foundational Skills:								
<ol> <li>Able to communicate basic wants and needs.</li> </ol>								
2. Asks for help.								
3. Able to wait for a short period of time.								
4. Participates in calming activities with adult.								
5. Identifies 4 or more emotions:								
a. In pictures								
b. In self								
c. In others								
6. Accepts 1-2 transitions in schedule or ending of activities.								
Subtotal								
Intermediate Skills:								
1. Remains focused and on task:								
a. Independently								
b. In small group								
c. In large group								

Self-Regulation Data Collection	Limited Skills (1)	Date	With Prompts (Visual/Verbal) (2)	Date	Across 1+ Settings (Emerging) (3)	Date	Across All Settings (Functional Independence) (4)	Date
<ol> <li>Identifies 4 or more triggers to own frustration or anxiety.</li> </ol>								
<ol> <li>Identifies 2 examples of how own behavior affects others' thoughts/feelings.</li> </ol>								
<ol> <li>Accepts help from adult to problem- solve.</li> </ol>								
5. Accepts unexpected changes in schedule.								
<ol> <li>Initiates use of calming activity to self- regulate.</li> </ol>								
Subtotal								
Advanced Skills:								
1. States wants and needs/self-advocates								
in adverse situations.								
2. Identifies 1 or more solutions								
independently in problem-solving.								
<ol> <li>Accepts negotiation/compromise in conflict situations.</li> </ol>								
4. Regulates voice and body to match demands of environment.								
5. Adjusts own behavior based on cues from others.								
6. Accepts authority/general rules of environment.								
7. Independently builds calming activities into daily schedule.								
8. Actively engages in learning:								
a. Independently								
b. With others								
Subtotal								

Self-Regulation Data Collection	Limited Skills (1)	Date	With Prompts (Visual/Verbal) (2)	Date	Across 1+ Settings (Emerging) (3)	Date	Across All Settings (Functional Independence) (4)	Date
TOTAL								
Date(s)								
Comments:								



## Key Components of the IEP for Students with OHI

Accommodations are changes in procedures or materials to mediate the impact of the disability. Accommodations increase equitable access to the general education curriculum.

Examples may include:

- Alternative seating options
- Frequent activity breaks
- Privacy considerations
- Classroom schedule adjustments for engagement opportunities

## Key Components of the IEP for Students with OHI (Cont'd)

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

Examples include:

Reading or audio books during medical procedures
Virtual learning during routine monitoring

# Medical Support: School health and nurse services may include the following as health-related support:

- Gastric feedings
- Clean intermittent catheterization
- Suctioning
- Management of tracheostomy
- Administering and/or dispensing medications
- Planning for safety of the child
- Ensuring care is given while the child is at school/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.

## Promising Practices: Implementing Technology

There are many ways teachers can incorporate technology for students with health impairments to have easier access to the curriculum. Utilizing technology is also a way to keep parents and students informed and engaged.

## Examples:

- Stream and/or record class lessons or lectures
- Materials/ notes can be posted online for students to download and view.
- One-handed keyboards or switches



Promising Practices: Implementing Technology (contrd)

Examples (Cont'd):

- Eye detection software
- Air pods
- Adaptive controllers
- Ergonomically correct work-stations and computer stations
- Speech recognition software
- Pencil grip, page turners, book stands
- Larger work/ desk area for assignments/projects



## Planning for Transitions

After a child has been out of school for an extended period, it is important for parents and school staff to plan carefully for his/her return to school.

Planning for a child's transition should include consideration for moves from:

- O Hospítal to home
- O Home to school
- o School to school
- Hospital to school
- Early intervention to early childhood services (Part C to Part B transition)
- O School to work or college
- O Pediatric care to adult health care (Pola-Money, 2005)

## ENVIRONMENTAL INTERVENTIONS

- 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 & production
- Room/ environmental design
- Structured behavior intervention plan (BIP)

## STRUCTURAL INTERVENTIONS

- Materials (availability/ learning center options)
- Room size (People and accessibility)
- Seating arrangement (proximity)
- Room arrangement (placement)
- Lighting (glare or intensity)
- Multi-modal resources & equipment
- Visuals (charts, pictures, color coding)
- Limit visual distractions

- Limit noise levels
- Divider notebook for organization
- Label necessary items
- Color-code materials per subject
- Check-in time for student to organize materials/assignments for home
- Provide steps for work & transition times
- Post classroom schedule and daily routines

- Peer interactions
- Family involvement
- FBA and BIP
- Home and school collaboration
- Community participation

## Social and Emotional Support



## Instructional Support Examples

- Specially designed instruction (SDI)
- Teach cognitively demanding subjects in the morning
- Accessibility of special education, related services, and/or support personnel
- Peer mentoring programs
- Job-shadowing opportunities (transition age)

## Support considerations for students with ADHD

- 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

## **Curriculum Adaptation**

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

#### Appendix B: OHI Sample 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

### Appendix B: OHI Sample Checklist

### 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 selfregulatory skills, impulsiveness, executive functioning skills, social skills, and/or sensory needs

### Appendix B: OHI Sample Checklist

### 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

1) Is the student making appropriate progress from year-to-year?

2) How does the student function:

- a. In the classroom?
- b. In large groups?
- c. In small groups?
- d. In unstructured time?
- e. Independently?
- f. One-on-one?

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

4) Do health care procedures take time away from instruction?

5) Are there some issues with scheduling?

- a. Consider revising the schedule to allow for rest breaks.
- b. Schedule classes to not conflict with health care procedures.
- c. Better/worse times of the day that can be accommodated through re-arranging the child's schedule?

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

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

8) Does the student have difficulty following directions or completing tasks?

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

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

### Attendance and loss of instructional time

- Does the student have excessive absences due to their medical condition?
- Do the health-related absences create gaps in the student's education?
- If the absences are related to the health condition, are services provided while the student is unable to attend school?
- Does the student have prolonged periods of absence from school causing isolation from his/her peers?
- Do the prolonged absences contribute to the student knowing and understanding school rules and expectations?
- Does the health condition interfere with the student developing relationships with peers and/or with adults in the school setting?
- Does the student miss instructional time due to health care procedures necessary at school?
- Does medication cause memory, attention, or fatigue issues?

### Behavior and social skill functioning related to the health condition

- Is the student reluctant to attempt new tasks because they may be painful or difficult?
- Is the student self-conscious and perhaps overly defensive about his/her health condition?
- 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).
- What about non-academic activities (e.g. recess, lunch, physical education, field trips) and unstructured times?
- Is the student able to successfully transition from activity-to-activity or location-to-location?
- Are there accommodations or modifications the student may need in order to participate?
- 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?



WHAT WAS YOUR #1 T&KE&W&Y FROM TOD&Y?



### www.nd.gov/dpi/special education/resources

Improving Literacy through Self-Regulation: On the 5's: <u>A Practical Guide for Caregivers</u>

**Self-Regulation Assessment** 

### **Please contact us!**

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# Thank You

