



# **Guidance for the Determination of Other Health Impairment**

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# Table of Contents

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Federal Regulation and Michigan Rule .....	3
Primary Components for Other Health Impairment Determination .....	3
Clarification of Terminology within Criteria.....	4
Guidance for Determining Extent of Adverse Impact – (Chart).....	5
What is an Other Health Impairment? .....	6
Response to Intervention .....	8
Components of the Data Collection Process: .....	9
Input: Parent, Teacher, Student .....	9
Observation in the School Environment.....	9
Guidance for Addressing Outside Reports.....	9
Role of the Physician .....	10
Elements of the Evaluation Process .....	11
Termination of Eligibility .....	12
Frequently Asked Questions .....	13-14
Definition of Terms .....	15-16
Medical Verification for Other Health Impairment .....	17

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**This document and related forms may be accessed electronically by visiting the website:**

[www.lapeerisd.org](http://www.lapeerisd.org)

## Federal Regulation and Michigan Rule

Federal Regulation from IDEA-2004, §300.8(c)(9), states, in part:

(9) Other health impairment means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that --

(a) 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

(b) Adversely affects a child's educational performance.

## Michigan Administrative Rules for Special Education

Rule R 340.1709a "Other health impairment" defined; determination.

Rule 9a.

(1) "Other health impairment" means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, which results in limited alertness with respect to the educational environment and to which both of the following provisions apply:

(a) Is due to chronic or acute health problems such as any of the following:

- (i) asthma
- (ii) attention deficit disorder
- (iii) attention deficit hyperactivity disorder
- (iv) diabetes
- (v) epilepsy
- (vi) A heart condition
- (vii) hemophilia
- (viii) lead poisoning
- (ix) leukemia
- (x) nephritis
- (xi) rheumatic fever
- (xii) sickle cell anemia

(b) The impairment adversely affects a student's educational performance

(2) A determination of disability shall be based upon a full and individual evaluation by a multidisciplinary evaluation team, which shall include 1 of the following persons:

- (a) An orthopedic surgeon
- (b) An internist
- (c) A neurologist
- (d) A pediatrician
- (e) A family physician or any other approved physician as defined in 1978 PA 368, MCL 333.1101 et seq

## Primary Components for Other Health Impairment Determination

Documentation of the following three primary components for determination of an Other Health Impairment that must be considered by the individualized education program team:

- Limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli,  
which results in limited alertness with respect to the school environment
- Chronic or acute health problems for the student
- Degree to which the health problems adversely affects educational performance to the extent that special education is necessary

## Clarification of Terminology within Michigan Eligibility Criteria

**1. Limited strength, vitality, alertness or heightened alertness:** Only one of the conditions must apply in any individual case. More than one area of manifestation may exist depending on the individual student. There is no official definition of these terms, either at the federal or state level. The following definitions clarify these conditions:

- **Strength:** Bodily or muscular power, vigor, durability related to decreased capacity to perform school activities, tires easily, chronic absenteeism related to the health problem. Limited strength may manifest in physical tolerance and/or limitations.

*For instance:* Can the student sit or stand as required by school activities, or hold a pencil or use other tools? Does the student fall asleep or require frequent rest breaks due to a medical condition?

- **Vitality:** Physical and mental strength, capacity for endurance, energy, animation and activity. There is certainly overlap in the meanings of these three terms. Limited vitality may manifest in decreased focus on tasks, decreased endurance (limited time on task), lethargy and decreased tolerance.

*For instance:* A student might have the strength to sit up or hold a pen, but might not have the energy to complete the task at hand.

- **Alertness:** Attentiveness, awareness, observant, watchful, on guard, ready. Limited alertness may manifest in: time on task, concentration, distractedness, ability to follow directions or rules, memory, impulsivity.

*For Instance:* Is the student aware of surroundings and the activities going on? Does he/she have the mental acuity to participate in the lesson/activity? Does the student have heightened sensitivity to environmental stimuli resulting in diminished educational performance?

**2. 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 may recur necessitating additional treatment. If it can be determined whether the problem is chronic or acute, it may be helpful in programming decisions.

- **Chronic:** Long term, and either not curable, there are residual features resulting in limitations of daily living functions requiring special assistance, adaptations, the disease or disorder that develops slowly and persists for a long period of time (often the remainder of the life span) may include degenerative or deteriorating conditions.
- **Acute:** Begins abruptly and with marked intensity, then subsides or has a rapid onset, severe symptoms, and a short course, Sequelae may be short-term or persistent. Sequelae: A condition or abnormality as a result of: following a disease, injury or treatment, a negative after-effect.

**3. Adversely affecting a child's educational performance:** A health problem adversely affects educational performance when achievement, behavior or access to the curriculum is significantly different from peers, or so severe that special medical attention is regularly needed. Factors to consider may include: frequent hospitalizations, specialized health care procedures, or medications that significantly affect learning. A child whose health problem does not significantly interfere with day-to-day functioning within the educational setting would not be eligible for special education services. While some degree of subjectivity is inherent in the diagnostic process, the *Guidance for Determining Extent of Adverse Impact on Educational Performance* (page 5) is intended to serve as a tool when analyzing the severity of the impairment.

## Guidance for Determining Extent of Adverse Impact on Educational Performance

Student \_\_\_\_\_ Diagnosed Chronic/Acute Health Problem \_\_\_\_\_ Date \_\_\_\_\_

**Purpose of Chart:** This tool may be used by school teams for guidance to assess the adverse impact of a health problem on performance in the general education setting. This would be used only after a chronic or severe health problem has been identified by a physician. Diagnostic checklists (e.g. Conner's, DuPaul, Achenbach) may be part of the initial identification.

ASSESSMENT AREA	IMPACT			
	NONE	MILD	MODERATE	SEVERE
<b>Achievement:</b> Curriculum Based Measure, benchmark Criterion-referenced (see reverse)	<input type="checkbox"/> CBM: At or above 25 <sup>th</sup> percentile <input type="checkbox"/> Criterion-Referenced-Published (e.g. QRI): At or above grade level <input type="checkbox"/> Criterion-Referenced - Teacher Constructed: Meets Grade Expectations (80 - 100%)	<input type="checkbox"/> CBM: 10 <sup>th</sup> - 24 <sup>th</sup> percentile <input type="checkbox"/> Criterion-Referenced-Published (e.g. QRI): 0.5 - 1.0 grade levels below grade placement <input type="checkbox"/> Criterion-Referenced: Teacher Constructed: Progressing Toward Grade Expectations (70 - 79%)	<input type="checkbox"/> CBM: 6 <sup>th</sup> - 9 <sup>th</sup> percentile <input type="checkbox"/> Criterion-Referenced - Published (e.g. QRI): 1.0 - 1.5 grade levels below grade placement <input type="checkbox"/> Criterion-Referenced: Teacher Constructed: Not Meeting Grade Expectations (<70%)	<input type="checkbox"/> CBM: Below 9 <sup>th</sup> percentile <input type="checkbox"/> Criterion-Referenced - Published (e.g. QRI): 2.0 grade levels below grade placement <input type="checkbox"/> Criterion-Referenced: Teacher Constructed: Not Meeting Grade Expectations (<50%)
<b>Achievement:</b> Norm referenced	<input type="checkbox"/> At or above 25 <sup>th</sup> percentile	<input type="checkbox"/> 10 <sup>th</sup> - 24 <sup>th</sup> percentile	<input type="checkbox"/> 6 <sup>th</sup> - 9 <sup>th</sup> percentile	<input type="checkbox"/> Below 6 <sup>th</sup> percentile
<b>Achievement:</b> MEAP	<input type="checkbox"/> MEAP 1 or 2		<input type="checkbox"/> MEAP 3	<input type="checkbox"/> MEAP 4
<b>Achievement:</b> Report Card Grades	<input type="checkbox"/> All report card grades are A, B, C or "Satisfactory" or "Meets Expectations"	<input type="checkbox"/> Passing all classes with grades of A, B, C, D, "Making Progress"	<input type="checkbox"/> Passing some classes but one or more E, "Needs Improvement"	<input type="checkbox"/> Mostly D, E, "Needs Improvement", Unsatisfactory
<b>Teacher Behavior Checklist:</b> (e.g. Achenbach, Conners, ADDES-3, etc)  <i>***More than 1 teacher</i>	<input type="checkbox"/> Inattention, Hyperactivity, Impulsivity, and/or Executive Functions scales are within normal limits in all settings.	<input type="checkbox"/> Inattention, Hyperactivity, Impulsivity, and/or Executive Functions scales are within normal limits in most settings.	<input type="checkbox"/> Inattention, Hyperactivity, Impulsivity, and/or Executive Functions scales are within borderline/at-risk limits in most/all settings.	<input type="checkbox"/> Inattention, Hyperactivity, Impulsivity, and/or Executive Functions scales are within clinically significant range in most/all settings.
<b>Structured Classroom Observations*</b> related to strength, vitality, and/or alertness (see definition page) <i>**more than one (1)</i>	<input type="checkbox"/> Similar to typical same gender classmates	<input type="checkbox"/> Mildly different (may be periodic) from same gender classmates	<input type="checkbox"/> Moderately different from same gender classmates (e.g., over 50% of observations)	<input type="checkbox"/> Severely different from same gender classmates (e.g., over 75% of observations)
<b>Disciplinary History:</b> Office referrals due to strength, vitality or alertness/heightened alertness	<input type="checkbox"/> No office referral, or 1 minor office referral	<input type="checkbox"/> 2 - 4 minor office referrals	<input type="checkbox"/> 5 or more minor office referrals, or 1 - 2 major office referrals	<input type="checkbox"/> 3 or more major office referrals
<b>Attendance Log:</b> Related to medical diagnosis	<input type="checkbox"/> 0 - 10 days absent per school year	<input type="checkbox"/> 10 - 20 days absent per school year	<input type="checkbox"/> 20 - 28 days absent per school year	<input type="checkbox"/> Over 28 days absent per school year
<b>Access to the General Education Curriculum</b>	<input type="checkbox"/> Health problem does not interfere with day-to-day functioning and learning	<input type="checkbox"/> Health problem may interfere with learning due to occasional episodes or crises	<input type="checkbox"/> Health problem consistently limits opportunity to participate in activities and interferes with learning	<input type="checkbox"/> Health problem severely interferes with participation and learning and may require medical care

*NOTE: A fillable version of this chart is available for staff use.*

## What is an Other Health Impairment?

Health problems which result in medications, treatments, therapies, frequent doctor's appointments, and repeated hospitalizations can impact the student's ability to learn and function at school. Health problems may significantly impact academic, behavioral, social, or emotional functioning. A student with such a condition may be considered for special education services under Other Health Impairment (OHI).

### Guidelines to Use when Determining Eligibility Using the OHI Criteria:

- A medical diagnosis **alone** is insufficient to determine eligibility for special education services.
- Teams must establish and document a link between the chronic or acute health problem and its adverse impact on a pupil's educational performance in order for a student to be determined eligible under OHI criteria.
- Students with medical diagnoses should not automatically be considered as a student with an Other Health Impairment. Teams are advised to focus on the student's presenting problems in conjunction with a full and individual evaluation to determine the eligibility.
- Students with some medical diagnoses may demonstrate educational needs that may lead teams to consider eligibility in other categories (e.g. Cognitive Impairment, Emotional Impairment, Physical Impairment, Traumatic Brain Injury).
- When the health problem is medically managed and the student can successfully participate in school, then the student may not need special education services under OHI.

### Prohibition of School Personnel to Require Medication

Federal Statute, 612(a)(25), states, in part:

(A) In general --The State educational agency shall prohibit State and local educational agency personnel from requiring a child to obtain a prescription for a substance covered by the Controlled Substances Act (21 U.S.C. 801 et seq.) as a condition of attending school, receiving an evaluation under subsection (a) or (c) of section 614, or receiving services under this title.
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In a letter dated October 22, 2007, William Knudsen, Acting Deputy Secretary of the Office of Special Education and Rehabilitation Services, provided a response to the question, "Can school personnel require a parent to provide medication to their child?" The response is clear in the interpretation of the federal statute. "School personnel can make assessments and recommendations based on the child's behavior about the child's need for evaluation under Part B of IDEA and the child's need for special education and related services. Educational services, however, cannot be conditioned upon a parent's decision to medicate his or her child."

### **An Other Health Impairment IS...**

- An impairment requiring a full and individual evaluation by an IEP team, just like other impairment categories.
- A disability due to an identified health problem with symptoms that have a moderate to severe impact on educational performance.
- A health problem that has a direct causal relationship to the student's inability to access the general education curriculum.
- A health problem, which results in excessive absences from school or classroom for specialized treatment and interferes with the student's ability to maintain satisfactory academic progress in comparison to peers.
- A health problem which requires specialized treatments during the school day and interferes with the student's ability to complete classroom assignments within timelines comparable to peers.
- A health problem, which causes fatigue easily, interferes with the student's ability to remain on task and sustain effort to complete tasks at a level comparable to peers.
- A chronic or acute health problem resulting in a level of pain that causes limited endurance, strength or increased fatigue and distractibility.
- A level of distractibility that interferes with a student's ability to attend during classroom instruction in comparison to peers.
- A level of distractibility that interferes with a student's ability to start work and remain on task at a level comparable to peers.
- A level of distractibility that interferes with a student's ability to consistently organize his materials for class and come to class prepared in comparison to peers.
- A level of impulsivity that interferes with a student's ability to focus and complete activity-based classroom projects in comparison to peers.

### **An Other Health Impairment IS NOT...**

- A default category if the child does not meet eligibility criteria for another impairment.
- Primarily due to behavioral/emotional concerns.
- An automatic entitlement for students with a diagnosed health problem (e.g., ADHD).
- A way to avoid difficult discussions about eligibility (e.g., labels).
- A lack of progress attributable to motivational concerns not directly linked to the health problem.
- An eligibility category used if the student's academic/developmental progress is at a level comparable to peers.
- An eligibility category used when there is no causal link between the lack of educational progress and the identified health problem.
- An eligibility category used when the presenting health problem manifests as significant cognitive, motor or behavioral concerns which may lead the team to consider other eligibility criteria.

## Response to Intervention

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The local school staff has the responsibility to intervene with multiple methods of support when a student presents them with educational challenges. The school must carefully plan, implement appropriate interventions, and document a student's response to these strategies to measure the effectiveness of the intervention. Included in these early intervening activities are students who have a health problem. It is recommended that a building-level professional support team is utilized to ascertain a child's educational strengths, difficulties, and needs within the educational environment. All interventions should be in place, with well-documented data for at least six (6) to nine (9) weeks. Well-documented denotes that baseline data has been collected for a student before an intervention is attempted, and data is collected for the duration of the intervention to show results clearly. The interventions are implemented with fidelity.

The intervention process is a means to guarantee appropriate assistance, and interventions are attempted before further determination is made regarding the existence of a disability. Interventions may include supplemental materials, modification of instructional techniques, positive behavior and intervention supports, a functional behavior assessment, or other activities provided within the general education setting, which may suffice to meet a student's needs.

In some instances, following careful analysis of interventions and accommodations, the district may decide to assess the student's eligibility under Section 504 of the Americans with Disabilities Act. For further information regarding Section 504, refer to the LCISD Section 504 Administrative Guidelines and Forms document which can be found at [www.lcisd.k12.mi.us/specialed/specialedindex-guidelines.html](http://www.lcisd.k12.mi.us/specialed/specialedindex-guidelines.html) on the Special Education Guidelines page.



## Components of the Data Collection Process

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### Input: Parent, Teacher, Student

Responsibilities of participants in this process are:

1. **Parent** – Provides information about the student through informal and formal input (e.g., outside agency assessments, services, educationally relevant medical history). They must be afforded the opportunity to receive ongoing assessment results and student progress.
2. **Teacher** – Identifies and documents the student's instructional level relative to appropriate instructional outcomes, learning progressions, resources and interventions attempted, and the student's performance level relative to classroom peers. This provides evidence of appropriate instruction and documents the student's inadequate achievement.
3. **Student** – Identifies individual strengths, weaknesses, relative difficulty of classes, and personal perceptions of school. This input is optional, but may prove beneficial to the evaluation.

### Observation of Student Performance in the School Environment

LCISD recognizes observation of the student in the school environment as an important element to assist in the evaluation of strength, vitality, alertness or heightened alertness. The observations of the student will occur in the specific area of need which is suspected to be adversely impacted by the health problem. Observations need to occur over time in multiple settings at different times of the day.

### Guidance for Addressing Input from Outside Reports

When presented with reports from outside agencies that pose a diagnosis of a specific medical condition, there are steps the team may consider to ensure that decisions of the school are consistent with Michigan rule requirements. There may be situations in which the recommendations from outside reports may be clinically meaningful but not relevant to the schools. The definition of an Other Health Impairment must be associated with a medical diagnosis. Schools must adhere to definitions of an Other Health Impairment from federal regulation and state rules. Educational criteria of a disability requires extensive documentation of classroom performance which is usually absent from outside agency report. It is entirely possible for an individual to have characteristics of a disability and not be eligible for special education because the student is able to benefit from instruction in general education without special education programs and services.

Teams must consider the information and recommendations from outside reports. However, this does not mean that the team must accept all recommendations as directions for their actions. The team has the responsibility to review the information relative to federal regulations and state rules.

## Role of the Physician – Medical and Other External Reports

Michigan Administrative Rule for Special Education R340.1709a(2), states:

- (2) A determination of disability shall be based upon a full and individual evaluation by a multidisciplinary evaluation team, which shall include 1 of the following persons:
- (a) An orthopedic surgeon
  - (b) An internist
  - (c) A neurologist
  - (d) A pediatrician
  - (e) A family physician or any other approved physician as defined in 1978 PA 368, MCL 333.1101 et seq

A physician is a required participant in the multidisciplinary evaluation process. The physician contributes a written, signed, and dated (within 1 year) statement of the medical diagnosis of a health problem, if one exists. The statement may include (when appropriate), a description of medical procedures to support the student.

The physician's statement may be more efficiently obtained by contacting the physician's office, speaking directly with the physician or staff, and faxing the release of information and an Other Health Impairment physician's statement to the physician to sign and date. It is important to communicate the date the information is needed to be returned.

## Elements of the Evaluation Process

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The evaluation process requires the following steps as part of a full and individual evaluation.

### 1. Obtain Relevant Medical Information

A medical diagnosis of an acute or chronic health problem *must* be documented in writing by a physician (MD or DO). School personnel should become familiar with the disorder and recognize the typical signs and symptoms of the disorder. Additionally the staff would identify how the health problem presents itself for the student.

### 2. Assess Functional Impact of Suspected Health Impairment on Educational Performance

The achievement level of the student will be documented through multiple measures such as standardized achievement tests, classroom assessments, and state or district tests. The evaluation team should consider a variety of assessments, and include curriculum based evaluations that would accurately reflect achievement level.

A data-based assessment of the student's educational performance is required. Depending on the specific health problem, the data should include information regarding: work completion and production, grades, attendance, academic skills, interpersonal skills, study skills, and classroom engagement.

The data analysis will reveal the extent that the medical condition adversely impacts a student's strength, vitality or alertness, including a heightened alertness to environmental stimuli which results in limited alertness with respect to the educational environment and educational performance or access to the general education curriculum.

### 3. Executive Functioning

Executive functioning significantly impacts a student's educational performance and will be considered as part of the Review of Existing Evaluation Data process. A determination of further assessment in this area would be indicated by a variety of behaviors as described in the definition of terms (page 15).

### 4. Relevant Behavior Observations

Observation of behaviorally defined target behaviors should occur over time, in multiple settings, and at different times of the day. Target behaviors would focus on strength, vitality or alertness, including a heightened alertness to environmental stimuli. In addition, comparative observation data is obtained from general education classroom peers during the same observation periods to control for environmental factors. Observation data obtained on the child must be significantly different from the comparison control group.

These observations document how the health impairment impacts a student's strength, vitality or alertness, including a heightened alertness to environmental stimuli, which results in limited alertness with respect to the educational environment and educational performance or access to the general education curriculum.

### 5. Information from Parents

Input would include a developmental history, relevant medical information, and information relating to the child's social, emotional, and educational progress. Parents provide their perspective on the impact of the health problem to function at home and in community settings.

## Termination of Eligibility

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All members of a student's individualized education program team have a responsibility to consider a reevaluation at any time when the student's health problem no longer adversely impacts educational performance.

<b>Eligibility should be in question if.....</b>	<b>Eligibility may not be in question if .....</b>
The medical condition has stabilized to the extent the student may no longer need special education support related to his/her health problem.	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 has changed (i.e., is no longer a factor, has lessened, or progressed) to the extent a student's school performance has changed positively or negatively and the need for special education is in question.	Parent refuses to administer prescribed medication.
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. For these reasons special education may no longer be necessary to support needs related to the health problem.	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 disability category needs to be considered.

In some instances, following careful analysis of interventions and accommodations, the district may decide to assess the student's eligibility under Section 504 of the Americans with Disabilities Act. For further information regarding Section 504, refer to the LCISD Section 504 Administrative Guidelines and Forms document which can be found on the Special Education Guidelines page of the LCISD website. [www.lcisd.k12.mi.us/specialed/specialedindex-guidelines.html](http://www.lcisd.k12.mi.us/specialed/specialedindex-guidelines.html)

## Frequently Asked Questions

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1. *Is a physician's report that includes a diagnosis sufficient documentation for "physician participation" for an initial evaluation?*

**Yes.** The report may be used when it is dated within one year of the IEP.

2. *Is a physician's report required documentation for "physician participation" for a reevaluation?*

**Yes.** Unless the physician indicated that the medical condition is a lifelong disability.

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

**No.** There are students in all special education eligibility categories that have a medical diagnosis. A medical diagnosis of any type does not automatically qualify a student for special education. The health problem must create limited strength, vitality, alertness or heightened alertness to environmental stimuli that has a negative impact the student's ability to benefit from general education. In all cases, a documented link between the student's health problem and an adverse impact on educational performance is required.

4. *Can school personnel require a parent to provide medication to a child as a condition of attending school, receiving an evaluation, or receiving special education services?*

**No.** The School Code and Federal regulations prohibit school personnel from requiring a parent to obtain a prescription for medication for a child as a condition of attending school, receiving an evaluation to determine eligibility or receiving special education services.

5. *Do all students with ADHD require special education and/or related services?*

**No.** As with a medical diagnosis, the presence of the condition is not sufficient by itself to meet the criteria of eligibility. In many cases, no supports beyond general education interventions are needed to assure success for the student. In some cases, adaptations in the general education setting are required and are documented in a 504 plan.

6. *Can a student with an IEP who has chronic fatigue syndrome or catastrophic health issue, such as cancer, be educated at home? How are graduation/diploma issues addressed?*

**Yes.** When health issues or medical treatments result in diminished endurance or tolerance, or a compromised immune system, homebound services may be considered. While receiving homebound services, academic needs are met with goals, and the student continues to access and make progress in the curriculum. A student's health problem cannot prevent access to earning credits or attaining a diploma.

7. *Is a signed release of information from a parent/guardian required when requesting information from a health-care provider?*

**Yes.** School personnel must have informed consent to request and share student health information with a student's physician or other health-care providers, (including nurse practitioners, dentists, psychologists and physical therapists). School personnel will submit a

signed release of information that includes the School District to the health-care provider in order to allow the exchange of information with school staff.

This means that the student's parents/guardian or in some cases, the student himself, must always give informed consent when school personnel request information from a physician for evaluation or planning purposes. This is true whether the information that is released is a document, oral communication or electronic transmission. The signed release should be placed in the educational record so that it is accessible if questioned by the parent, school personnel, or health care professionals.

***8. How are the observable, measurable indicators of limited strength, vitality, alertness and heightened alertness documented?***

The observable, measurable indicators of the student's strength, vitality and alertness can be documented by:

- a. Medical verification by a physician
- b. Written documentation of classroom observations and teacher checklists
- c. Student performance in more than one setting

***9. How is data indicating adverse impact on educational performance documented?***

Adverse impact on educational performance can be documented in several ways including teacher reports indicating diminished performance in fine or gross motor skills, work completion, academic skill development, ability to attend and profit from instruction, negative impacts on behavior, grades, performance on district assessments, parent input, observations, rating scales and achievement tests (See Worksheet "*Guidance for Determining Extent of Educational Impact on Performance*" on p. 5).

***10. Is it sufficient to have a medical diagnosis of a health problem that results in limited strength, vitality or alertness which results in an adverse impact on educational performance?***

**No.** As a result of a diagnosed health problem and the limited strength, vitality or alertness which results in an adverse impact on educational performance, the student **also must require** special education (i.e., specially designed instruction) in order to be found eligible. If the needs can be addressed through accommodations in general education, the student may not meet the eligibility criteria for special education.

## Definition of Terms

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### **Acute**

A disease or disease symptom that begins abruptly and with marked intensity then subsides after a relatively short period of time (e.g., Crohn's disease, kidney diseases, conditions that require an organ transplant), **OR** a health problem 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 (e.g., a child who had meningitis may suffer from sequelae such as motor problems and cognitive impairment).

### **Adverse Impact**

Evidence that the student's health problem negatively affects educational performance (achievement, behavior or access to the curriculum) to the degree that special education is needed.

### **Chronic Health Problem**

A health problem 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.

### **Excessive Absenteeism**

The 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 illness.

### **Excessive Absenteeism Linked to Health Problem**

Example: 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.

### **Executive Functioning**

In general, executive functioning is a collection of related yet distinct abilities that provide for intentional, goal-directed, problem-solving action. Eight general components of executive functioning include:

**Working memory and recall** – hold facts in mind while manipulating information, access facts stored in long-term memory, apply sense of time

**Activation, arousal, and effort** – get started, pay attention, finish work

**Control emotions** – tolerate frustration, think before acting or speaking

**Internalize language** – use "self-talk" to control one's behavior and direct future actions

**Complex problem-solving** - Take issue apart, analyze the pieces, reconstitute and organize it into new ideas

**Shift, inhibit** – change activities, stop existing activity, stop and think before acting and speaking

**Organize/plan ahead** – organize time, projects, materials, possessions

**Monitor** – self-monitor and self-prompt



**Heightened or Diminished Alertness**

The 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.

**Interview**

Objective and organized means of gathering data from parents, students, and teachers to confirm or validate criteria.

**Limited Endurance**

The inability to maintain effort caused by lack of resilience or stamina.

**Limited Strength**

The lack of durability, energy, or vigor that results in decreased capacity to perform school activities.

**Observation**

An objective and organized means of gathering data by watching the student to confirm or validate the criteria.

**Specialized Healthcare Procedures**

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.



## Medical Verification Other Health Impairment

We are evaluating the above student for eligibility as a student with a disability as defined by the Michigan Administrative Rules for Special Education which requires the involvement of a physician in the evaluation process.

We are requesting your participation to determine if this student meets criteria as a student with an Other Health Impairment. This definition is defined by the state of Michigan as:

**R340.1709a "Other health impairment" defined; determination.** Rule 9a. (1) 'Other health impairment' means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, which results in limited alertness with respect to the educational environment, and to which both of the following provisions apply: - (a) is due to chronic or acute health problems such as any of the following: (i)Asthma, (ii)Attention deficit disorder (iii)Attention deficit hyperactivity disorder, (iv)Diabetes, (v)Epilepsy, (vi)a heart condition, (vii)Hemophilia, (viii)Lead poisoning, (ix)Leukemia, (x)Nephritis, (xi)Rheumatic fever, (xii)Sickle cell anemia. (2)A determination of disability shall be based upon a full and individual evaluation by a multidisciplinary evaluation team, which shall include 1 of the following persons: (a) An **Orthopedic Surgeon** (b) an **Internist** (c) A **Neurologist**. (d) A **Pediatrician**. (e) A **Family Physician** or any other approved physician as define in 1978 PA 368, MCL 333.1101 et seq.

A medical diagnosis is a required component of multiple criteria that must be met to determine eligibility. In addition to the medical diagnosis, the multidisciplinary evaluation team will determine if the health problem has a significant impact on the student's educational performance. Your prompt attention to this request appreciated to enable the evaluation to be completed within state timelines. If you have questions, please contact me.

**STAFF:** \_\_\_\_\_

**SCHOOL:** \_\_\_\_\_

**STUDENT/PATIENT:** \_\_\_\_\_

**Medical Diagnosis/ Other Health Impairment:** \_\_\_\_\_  
\_\_\_\_\_

This is considered a lifelong or permanent impairment	YES	NO
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**Restrictions, if any:** \_\_\_\_\_  
\_\_\_\_\_

**Physical Adaptations, if any:** \_\_\_\_\_  
\_\_\_\_\_

**Other Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Physician's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_

**RETURN TO:** \_\_\_\_\_ **Phone/Fax:** \_\_\_\_\_ **Date Needed:** \_\_\_\_\_