Minnesota Department of Education

Special Education Division

Other Health Disabilities Manual

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Introduction

Other Health Disabilities (OHD) is a complex categorical area of special education. The primary resources for OHD in Minnesota are Minnesota Rule 3525.1335 and Minnesota Statutes, section 125A.02.

The 2013 edition of the Other Health Disabilities Manual is a secondary resource for Minnesota teachers, school psychologists and nurses. It contains valid, up-to-date information about the OHD category. Laws, statutes and rules come from single sources and change infrequently. Therefore, the manual contains policy and peer-reviewed content educators and school nurses need to serve Minnesota students with other health disabilities. A Question & Answer document from the compliance and assistance division replaced frequently asked questions. Access to the current version of a source or document is through the internet links (hyperlinks) provided in Appendix 2.

Forms used for checklists, observations and interviews come from many sources and change frequently. Physical and Health Disabilities-licensed educators and the Minnesota Department of Education (MDE) have developed a variety of these data collection sheets. Links to up-to-date MDE forms and OHD guidance sheets are on the OHD web page of MDE's website. http://education.state.mn.us/MDE/index.html

These materials were not reviewed by the entire department and therefore are not guaranteed to be compliant in all aspects of the legal requirements. MDE suggests that clarification be obtained from your district legal counsel.

Please contact Barbara Sisco (barbara.sisco@state.mn.us) with questions about OHD.

Chapter One: Children with Health Disabilities

History of OHD in Minnesota

Early in the 20th century, formal public education for students with chronic or acute health conditions was limited. Few hospitals had teachers and few public schools had healthcare providers. Minnesota developed a school plan for students who were physically or other health impaired in the late 1950s. Students attended school in self-contained and centralized programs.

In 1975, Congress passed Public Law 94-142, the Education for the Handicapped Act (EHA). The law mandated that all children ages three to 21 receive a free and appropriate public education in the least restrictive environment. Children with disabilities began to leave their classrooms in separate buildings for public schools. The Education of the Handicapped Act Amendments of 1990, Public Law 101-476, defined “orthopedic impairment” and “other health impaired.”

The Office of Special Education Programs (OSEP) ruled in 1991 that Attention-Deficit Disorder (ADD) and Attention-Deficit/Hyperactivity Disorder (ADHD) are medical conditions that can require special instruction. On November 19, 2001, Volume 26 of State Register 657 revised Minnesota Rule 3525.1335 to include ADD and ADHD.

Special educators who taught students with chronic or acute health conditions formed a collaborative group in the late 1970s. Originally known as the Minnesota Physical and Other Health Impairments (POHI) Network, they merged with the Council for Exceptional Children’s (CEC) Division of Physically Impaired (PI). When the Legislature changed Other Health Impaired to Other Health Disabilities, the POHI Network became the Professional Statewide Physical/Health Disabilities Network, facilitated by Deb Williamson**,** Statewide PI Specialist, Minnesota Low Incidence Projects. Contact her (deb.williamson@metroecsu.org or 612-638-1532) to join the P/HD Network or to subscribe to the Statewide P/HD List Serve.

Special Considerations

Children with chronic or acute health conditions face a variety of physical effects, such as pain, nausea and fatigue, which may affect their learning and their concentration. Medications and treatments can hamper memory and comprehension. Frequent medical appointments or hospitalizations can cause absences from school and distance from friends. Physical changes, such as loss of hair or burn scars, may cause students to worry about the reactions of their peers. (Sexson & Madan-Swain, 1995)

Some health conditions are invisible, like the roots of a tree. You cannot see respiratory disorders, hematologic conditions or heart disease. What you can see are the manifestations of the health conditions, such as difficulty following directions and lack of endurance, like the leaves of a tree.

All children encounter a spectrum of challenges as they mature. Daniel Clay, former president of the Division of Pediatric Psychology at the American Psychological Association, holds that common stressors include homework, fighting with siblings, getting a bad grade, arguing with parents, losing a friend, losing lunch money and being late for school. He goes on to explain that students with health conditions have those and more, including undergoing treatments, missing school and social activities, facing pain, being teased and being unsure of the future. (Clay, 2004) Pain affects the physical and emotional well-being of students. It may distract a student from learning, limit physical participation and reduce attendance.

Social and cultural differences in families vary. While mainstream cultures may choose treatment by a licensed physician, recent immigrants may choose practices that are more traditional to their native cultures. Language and dialects may be misunderstood. Poverty may cause lack of proper nutrition, adequate housing and effective health care. Medical appointments, treatments and hospitalizations are expensive. Some families do not have health insurance while others reach limits on insurance reimbursements.

Although some students may be able to maintain their educational performance and adequate achievement scores while at home, school provides opportunities to learn interactively, socialize with peers, experience success and develop increased independence. School participation for a student with a chronic medical illness may be as critical for social survival as medical treatment is for physical survival (Sexson & Madan-Swain, 1995). Teachers can identify obstacles to school attendance, such as classes on the third floor of the building, and intervene to minimize their impact on students. Collaboration with the family and the medical team is essential.

Factors such as the frequency of illness, parental level of education and student ability to participate in physical activities at school correlate with school attendance. Additional factors, such as the student's response to the health condition, attitudes of significant adults and the types of school resources affect school attendance as well. (Fowler, Johnson, & Atkinson, 1985)

When the student is at home, the school may arrange for a homebound instructor to take assignments from school and help the student complete those assignments. Some hospitals provide education services, following the student's Individualized Education Program (IEP) and sharing a summary of progress with the school. Talk with your school district about local policies.

Categorical Areas

Special education is specialized instruction for students whose disabilities negatively affect their educational performance. OHD is one of 14 categorical areas in which children receive special education.

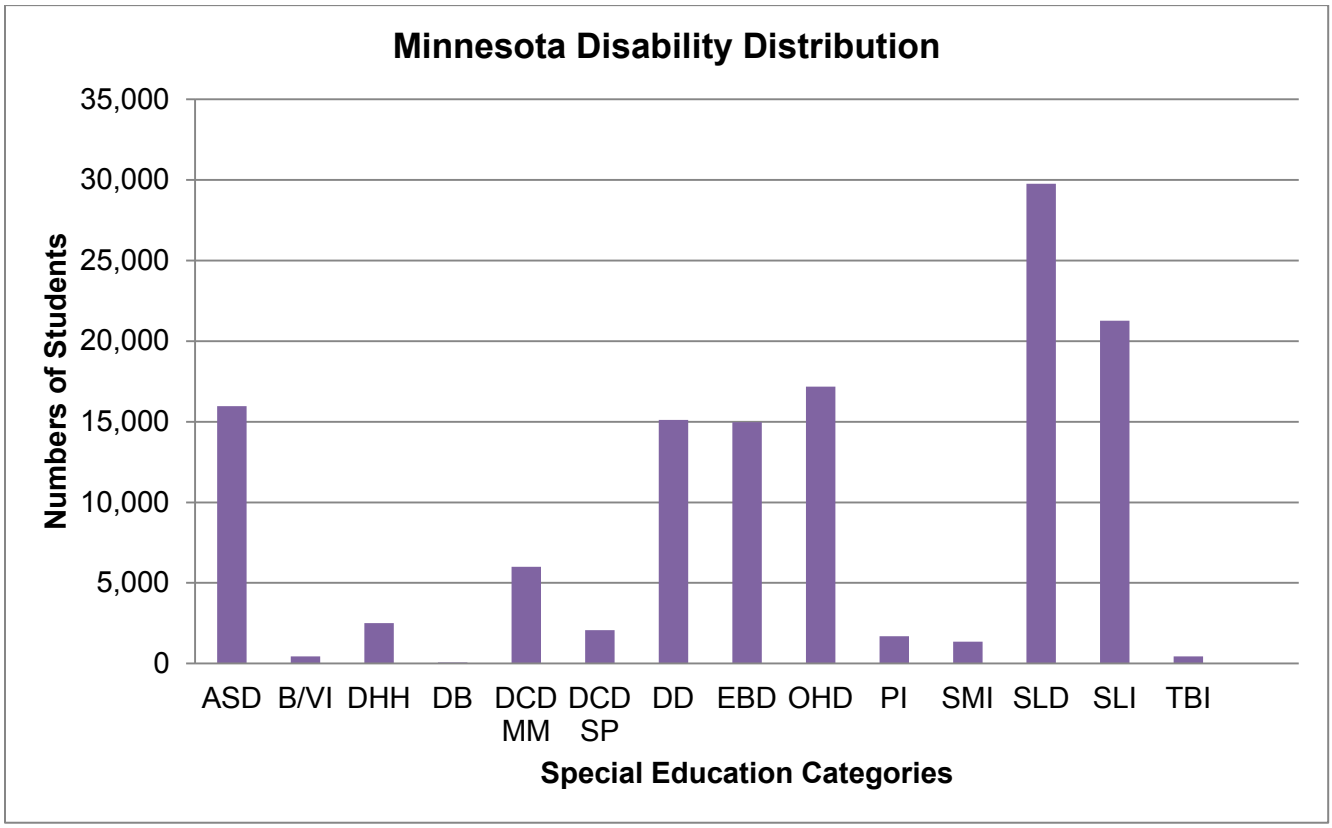

Figure 1 shows the number of students in each special education category. Each of the fourteen columns represents a special education category. The height of each column represents the number of children in that category. The source of this data is the Minnesota Child Count December 1, 2012.

Minnesota Disability Distribution 2012

Category	ASD	B/VI	DHH	DB	DCD MM	DCD SP	DD	EBD	OHD	PI	SMI	SLD	SLI	TBI
Number of students	15,967	442	2,498	63	5,993	2,064	15,115	14,984	17,171	1,688	1,361	29,762	21,265	439

Figure 1 shows the number of students in each special education category. Each of the fourteen columns represents a special education category. The height of each column represents the number of children in that category. The source of this data is the Minnesota Child Count December 1, 2012.

The OHD Trend

The number of students in OHD has grown annually since 1990-91. Several facts may contribute to this. As rates of survival and life expectancy continue to rise in infants and students with chronic and acute health conditions, the health care and educational service needs of these students increases. Studies from the early 1970s reported preterm infants born at high-level neonatal intensive care units (NICUs) had survival rates 30-50 percent higher than preterm infants born elsewhere. (Lorch, 2012)

Additionally, in 1991 the Office of Special Education and Rehabilitative Services (OSERS) accepted Attention-Deficit Disorder and Attention-Deficit/Hyperactivity Disorder as chronic health conditions. A student whose ADD or ADHD adversely affected his or her educational performance may be eligible for special education.

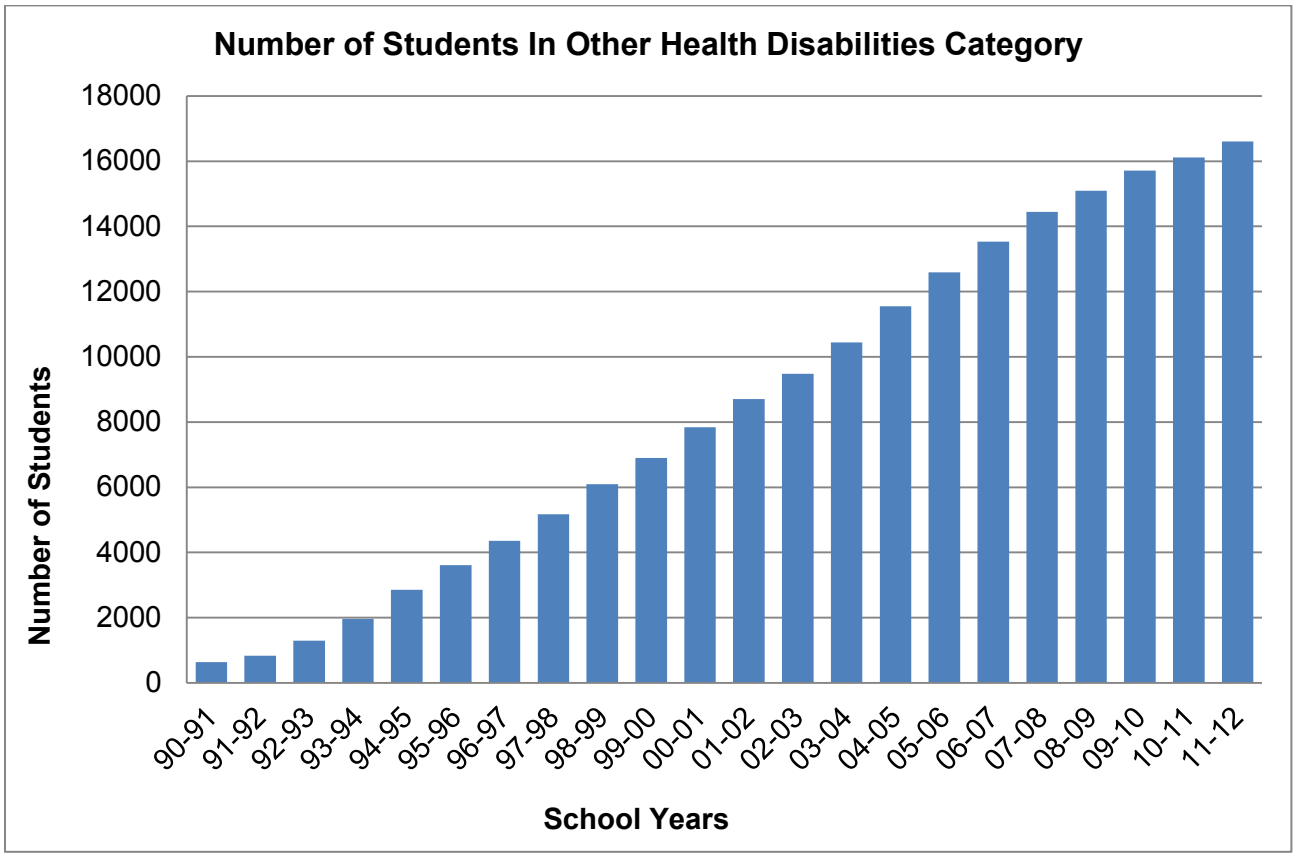

Figure 2 shows OHD trends in Minnesota. The data is from the 2011-12 school year unduplicated child count.

Conclusion

Chronic or acute health conditions complicate the lives of children. There will be medical challenges, separation from friends and absences from school. The U.S. Congress and the Minnesota Legislature have enacted laws that protect students whose health conditions are disabilities that adversely affect their educational performance.

Chapter Two: The Comprehensive Evaluation

> Students with chronic health conditions may have academic difficulties. Although most have typical intelligence, many appear to underachieve when compared with peers without chronic health conditions. (Fowler, Johnson, & Atkinson, 1985)

Special education is a service for students who have disabilities. The disabling condition must adversely affect the student's educational performance and must require specially designed instruction in order for him or her to make progress in the general education program.

Teachers or parents refer students to multidisciplinary teams when they suspect that their students have disability. A multidisciplinary team reviews the referral and determines next steps, which could include prereferral intervention strategies or determining eligibility for a Section 504 plan or an individualized education program under IDEA. The parent is an integral participant in this process.

OHD Definition and Criteria

> Minnesota Rule 3525.1335 Other Health Disabilities.
>
> Subpart 1. **Definition.** "Other health disability" means having limited strength, endurance, vitality, or alertness, including a heightened or diminished alertness to environmental stimuli, with respect to the educational environment that is due to a broad range of medically diagnosed chronic or acute health conditions that adversely affect a pupil's educational performance.
>
> Subp. 2. **Criteria.** The team shall determine that a pupil is eligible and in need of special education instruction and services if the pupil meets the criteria in items A and B.
>
> A. There is:
>
> (1) written and signed documentation by a licensed physician of a medically diagnosed chronic or acute health condition; or
>
> (2) in the case of a diagnosis of Attention Deficit Disorder or Attention-Deficit/Hyperactivity Disorder (ADD or ADHD), there is written and signed documentation of a medical diagnosis by a licensed physician. The diagnosis of ADD or ADHD must include documentation that DSM-IV criteria in items A to E have been met. DSM-IV criteria documentation must be provided by either a licensed physician or a mental health or medical professional licensed to diagnose the condition.

For initial evaluation, all documentation must be dated within the previous 12 months.

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

(1) excessive absenteeism linked to the health condition, for example, hospitalizations, medical treatments, surgeries, or illnesses;

(2) specialized health care procedures that are necessary during the school day;

(3) medications that adversely affect learning and functioning in terms of comprehension, memory, attention, or fatigue;

(4) limited physical strength resulting in decreased capacity to perform school activities;

(5) limited endurance resulting in decreased stamina and decreased ability to maintain performance;

(6) heightened or diminished alertness resulting in impaired abilities, for example, prioritizing environmental stimuli; maintaining focus; or sustaining effort or accuracy;

(7) impaired ability to manage and organize materials and complete classroom assignments within routine timelines; or

(8) impaired ability to follow directions or initiate and complete a task.

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

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

B. documented, systematic interviews conducted **by a licensed special education teacher** with classroom teachers and the pupil's parent or guardian;

C. one or more documented, systematic observations in the classroom or learning environment **by a licensed special education teacher**;

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

E. records review.

The evaluation findings may include data from: an individually administered, nationally normed test of intellectual ability; an interview with the pupil; information from the school nurse or other individuals knowledgeable about the health condition of the pupil; standardized, nationally normed behavior rating scales; gross and fine motor and sensory motor measures; communication measures; functional skills checklists; and environmental, socio-cultural, and ethnic information reviews. (Minnesota Legislature, 2007)

OHD Eligibility

The comprehensive evaluation focuses on the student, not on the health condition. Two children with the same health condition can present very differently. Sarah and Sam both have asthma. Sarah's school attendance, physical strength, endurance, alertness, organization and task completion are typical compared to her peers. Sarah's asthma does not affect her in a negative way. Sam has multiple asthma attacks in the fall and in the spring. He misses school for several days after each attack, his endurance is low at that time and he is less alert. Sam's asthma has an adverse effect on his educational performance.

The steps of the evaluation include verifying the following information.

1. The student has a medically diagnosed chronic or acute health condition.
2. A licensed physician has written and signed the diagnosis.
3. For an initial evaluation, all medical documentation is dated within the previous 12 months.

ADHD Diagnosticians

In 2008, the Minnesota Legislature added the following sentence to Minnesota Statutes, section 125A.02:

> … a licensed physician, an advanced practice nurse, or a licensed psychologist is qualified to make a diagnosis and determination of attention deficit disorder or

> Attention-Deficit/Hyperactivity Disorder for purposes of identifying a child with a disability. (Minn. Stat. ch. 125A.02, 2011)

The ADHD diagnostician must document that sections A through E in the Diagnostic and Statistical Manual of Mental Disorders (DSM IV) are complete. Visit Q&A: Other Health Disabilities Criteria and Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder (http://www.education.state.mn.us/MDE/SchSup/ComplAssist/QA/IEP/index.html) for more information.

The term "licensed psychologist" denotes a psychologist, licensed by the Minnesota Board of Psychology. A school psychologist who is also a psychologist licensed by the Minnesota Board of Psychology may diagnose ADHD for the purpose of OHD eligibility. A school psychologist who is not a psychologist licensed by the Board of Psychology cannot diagnose ADHD for the purpose of OHD eligibility.

Health Care Provider	**Acronym**
Doctor of Medicine	MD
Doctor of Psychology	PsyD
Advanced Practice Registered Nurse	APRN

Evaluation Criteria

As stated in Minnesota Rule 3525.1335, the multidisciplinary team examines the data to determine if:

> B. In comparison with peers, the health condition adversely affects the pupil's ability to complete educational tasks within routine timelines as documented by three or more of the following:
>
> (1) excessive absenteeism linked to the health condition, for example, hospitalizations, medical treatments, surgeries, or illnesses;
>
> (2) specialized health care procedures that are necessary during the school day;
>
> (3) medications that adversely affect learning and functioning in terms of comprehension, memory, attention, or fatigue;
>
> (4) limited physical strength resulting in decreased capacity to perform school activities;

(5) limited endurance resulting in decreased stamina and decreased ability to maintain performance;

(6) heightened or diminished alertness resulting in impaired abilities, for example, prioritizing environmental stimuli; maintaining focus; or sustaining effort or accuracy;

(7) impaired ability to manage and organize materials and complete classroom assignments within routine timelines; or

(8) impaired ability to follow directions or initiate and complete a task. (Minn. R. 3525.1335, 2007)

Link between Health Condition and Educational Performance

The evaluation summary report must document the way the health condition negatively affects the student's educational performance. Include:

1. The health condition,
2. Each criterion,
3. The effect of the criterion on the student's educational performance and
4. Compare that performance to the student's peers.

The examples below show one way to document the effects of a health condition on a student's educational performance. For each criterion, the documentation should reference the health condition, state the condition's effect on the student and provide data of the comparison between the student and his or her peers. For example:

1. Cong's leukemia causes frequent absences from school: 36 percent of the last 80 days in the hospital or at home due to chemotherapy and the need to be isolated from infections. During those absences, Cong has missed significant instruction time, including reading strategies; the use of adverbs, conjunctions and the comma; and addition and subtraction. Classmates have missed an average 4 percent of the last 80 days.
2. Alicia's health condition requires two specialized treatments during each school day. Her trips to and from the health office and the treatments themselves take 10-20 minutes each. The teacher reports that Alicia has difficulty completing classroom assignments in class. When she takes the assignments home, she is missing the teacher's help. Her classmates are able to finish classroom assignments in class.

3. Olga's health condition requires specific medications that can affect his short-term memory. As a result, he has difficulty learning new information taught in algebra and reading passages from all classes. During an observation, he took 15 minutes to read and answer three math questions. The three control students took three, six and seven minutes for the same three questions.

4. Edwin's health condition causes limited strength and results in difficulty handling books and writing implements. His peers hold and use these materials easily.

5. Abdi's health condition causes limited endurance and stamina. He often needs to stop his work and rest in class or go to the health office for a nap. As a result, he has completed two of 15 writing assignments. His classmates have completed an average of 13 of 15.

6. Leticia's seizure disorder makes it difficult for her to maintain focus. During an observation in history class, she had three or more absence seizures in one hour. Her attention breaks stops suddenly for a few seconds and she stares ahead. The three occasions that the observer noted were when Leticia did not respond to the teacher calling her name, to her pencil dropping on the floor and to the bell signaling the end of class. In comparison, her classmates responded when the teacher called on them and when the bell rang. Two students turned when Leticia dropped her pencil. The absence seizures cause her difficulty in hearing class directions and absorbing material read to the class.

7. Henry's health condition interferes with his ability to organize and manage his materials. Over the last two months (40 days), he misplaced 39 of 46 homework assignments, was unable to find his pencil 36 of 40 days and forgot his library book two of eight days. In contrast, two control classmates misplaced four and six of 46 homework assignments, were unable to find their pencils two and nine of 40 days and forgot their library books two and no days.

8. Sergei's health condition interferes with his ability to complete activity-based classroom projects within the required time. Two of six science projects were on time. Eighty percent of his classmates turned their classroom projects in by the due date.

General Guidelines

- While a medical diagnosis is required for OHD, the diagnosis alone is insufficient to establish eligibility for special education services under the OHD category.

- Conduct a comprehensive evaluation, not “an OHD evaluation.” If a team looks at the obvious data only, the student may miss critical services.
- OHD requires a documented link between the health condition and the student’s educational performance.
- Consider all categorical areas at the beginning of the comprehensive evaluation. Some students appear to be eligible for multiple categories. A student with a number of similar characteristics requires careful evaluation to ensure appropriate placement.

Alternatives to Special Education

Sometimes lack of progress is not due to the health condition. The student may have reached his or her ability level.

Some students do not require special instruction and related services. They remain in general education where they can receive including accommodations, an Individualized Health Plan (IHP), an Emergency Care Plan (ECP) and local education agency supports.

A student with a physical or mental condition that “substantially limits” a major life activity may be eligible for a Section 504 plan. Major life activities include walking, seeing, hearing, speaking, breathing, learning, working and self-care. (Section 504 of the Rehabilitation Act of 1973, 1973)

Reevaluation

A reevaluation is required of each student in special education at least once every three years. Reevaluations can occur more frequently based upon the needs of a student or upon parental request.

The reevaluation team reviews the existing evaluation data about the student. An updated diagnosis of the health condition is not required. However, if the student’s educational performance has changed significantly, it may be appropriate to communicate with the diagnostician or the student’s physician if the diagnostician is not available.

Conclusion

The evaluation process provides special instruction to students who need it. OHD eligibility requires a medically diagnosed health condition and careful review of achievement test results, interviews, observation, health history and record review that document a link between the health condition and the student’s educational performance. If there is not a link, there are alternatives to special education. The key in evaluation is to view each student as an individual.

Chapter Three: Attention-Deficit/Hyperactivity Disorder (ADHD)

ADHD is the most common neurobehavioral disorder of childhood. It is usually first diagnosed in childhood and often lasts into adulthood. Children with ADHD often have issues with their behavior at school, their ability to make and keep friends and their ability to function in society.

Types of ADHD

The Diagnostic and Statistical Manual of Mental Disorders Fourth Edition lists the diagnostic criteria for ADHD.

A. Either (1) or (2):

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

Inattention

(a) often fails to give close attention to details or makes careless mistakes in schoolwork, work, or other activities

(b) often has difficulty sustaining attention in tasks or play activities

(c) often does not seem to listen when spoken to directly

(d) often does not follow through on instructions and tails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)

(e) often has difficulty organizing tasks and activities

(f) often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)

(g) often loses things necessary for tasks or activities (for example toys, school assignments, pencils, books, or tools)

(h) is often easily distracted by extraneous stimuli

(i) is often forgetful in daily activities

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

Hyperactivity

(a) often fidgets with hands or feet or squirms in seat

(b) often leaves seat in classroom or in other situations in which remaining seated is expected

(c) often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)

(d) often has difficulty playing or engaging in leisure activities quietly

(e) is often “on the go” or often acts as if “driven by a motor”

(f) often talks excessively

Impulsivity

(a) often blurts out answers before questions have been completed

(b) often has difficulty awaiting turn

(c) often interrupts or intrudes on others (for example butts into conversations or games)

B. Some hyperactive-impulsive or inattentive symptoms that caused impairment were present before age 7 years.

C. Some impairment from the symptoms is present in two or more settings (for example at school [or work] and at home).

D. There must be clear evidence of clinically significant impairment in social, academic, or occupational functioning.

E. The symptoms do not occur exclusively during the course of a Pervasive Developmental Disorder, Schizophrenia, or other Psychotic Disorder and are not better accounted for by another mental disorder (e.g., Mood Disorder, Anxiety Disorder, Dissociative Disorder, or a Personality Disorder).

Code based on type:

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

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

314.01 Attention-Deficit/Hyperactivity Disorder, Predominantly Hyperactive - Impulsive Type: if Criterion A2 is met but Criterion A 1 is not met for the past 6 months.

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

314.9 Attention-Deficit/Hyperactivity Disorder Not Otherwise Specified

This category is for disorders with prominent symptoms of inattention or hyperactivity-impulsivity that do not meet criteria for Attention-Deficit/Hyperactivity Disorder. Examples include

1. Individuals whose symptoms and impairment meet the criteria for Attention-Deficit/Hyperactivity Disorder, Predominantly Inattentive Type but whose age at onset is 7 years or after

2. Individuals with clinically significant impairment who present with inattention and whose symptom pattern does not meet the full criteria for the disorder but have a behavioral pattern marked by sluggishness, daydreaming, and hypoactivity. (Diagnostic and Statistical Manual of Mental Disorders, 2000)

Since the diagnosis of ADHD for the OHD categorical area requires that sections A through E are met, ADHD Not Otherwise Specified (ADHD NOS) does not meet the OHD requirement that DSM-IV criteria in items A to E have been met.

Students with ADHD may be more likely to have additional medical, developmental, behavioral, emotional and academic issues. Almost three to five times as many students with ADHD as students without ADHD have learning disabilities. (Barkley, 2000)

Education Options

Some students with ADHD may remain in the general education setting with accommodations. Professional development in ADHD can give teachers evidence-based practices for their classrooms. Students whose ADHD substantially limits a major life activity may be eligible for Section 504 plans which can include accommodations and modifications for the classroom and assessments. Some students with ADHD need special education services to succeed in school.

Medications

Some students with ADHD take medications to minimize inattention and impulsivity.

> Under state and federal law, a school district may not require that a parent medicate their student with a stimulant or psychotropic medication in order to:

- attend school;
- be evaluated for special education services;
- receive special education services; or
- be readmitted to school after a suspension.

> It is up to each parent, after consulting with health care, education, or other professional providers, to determine if their child should be provided with stimulant medication. (Minn. Stat. ch. 125A.091 subd. 3A, 2012)

IDEA 2004 reads:

> (a) General. The SEA must prohibit State and LEA personnel from requiring parents to obtain a prescription for substances identified under schedules I, II, III, IV, or V in section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)) for a child as a condition of attending school, receiving an evaluation under Sec. Sec. 300.300 through 300.311, or receiving services under this part.
>
> (b) Rule of construction. Nothing in paragraph (a) of this section shall be construed to create a Federal prohibition against teachers and other school personnel consulting or sharing classroom-based observations with parents or guardians regarding a student's academic and functional performance, or behavior in the classroom or school, or regarding the need for evaluation for special education or related services under Sec. 300.111 (related to child find). (34 C.F.R. 300.174, IDEA, 2006)

Conclusion

ADHD is a chronic health condition. Some studies show less brain activity in areas that support concentration and self-control. The key to success is working with each student as an individual, crediting strengths and teaching strategies to meet needs.

Chapter Four: School Service Options

IEP Team Meetings

The public agency must ensure that the IEP Team for each child with a disability includes:

- The parent or guardian of the child;
- Not less than one regular education teacher of the child (if the child is, or may be, participating in the regular education environment);
- Not less than one special education teacher of the child, or where appropriate, not less than one special education provider of the child;
- A representative of the public agency (who has certain specific knowledge and qualifications);
- An individual who can interpret the instructional implications of evaluation results and who may also be one of the other listed members;
- At the discretion of the parent or the agency, other individuals who have knowledge or special expertise regarding the child, including related services personnel as appropriate; and
- Whenever appropriate, the child with a disability.

Related Services

As part of the evaluation, the evaluation team, which includes the parent, determines the student's educational needs. In order to receive related services, a student would need to have an educational need for related services in school to enable that student to benefit from special education. Examples of related services include school health services and school nurse services, social work services in schools, psychological services, physical and occupational therapy, and medical services for diagnostic or evaluation purposed.

Direct and Indirect Services

A student in special education can receive direct and indirect services. Direct services are those provided by a teacher or a related service professional to a student or to one another regarding instruction, including cooperative teaching. A teacher or related services professional provides indirect services to

- A regular education teacher,
- A special education teacher,
- A related services professional,
- A paraprofessional,
- Support staff,
- Parents, and
- Public and nonpublic agencies.

Those services may include ongoing progress reviews; cooperative planning; consultation; demonstration teaching; modification and adaptation of the environment, curriculum, materials, or equipment; and direct contact with the pupil to monitor and observe. If a service is in writing in the IEP, the student receives it.

Homebound Services

Some students in OHD may miss school for a few days or prolonged periods because of their disabilities. School districts provide educational and related services to these students at home or in the hospital.

When the student is at home, the school may arrange for a homebound instructor to take assignments from school to home and help the student complete those assignments. When the student is in the hospital, the hospital may provide teachers through an arrangement with the school. The hospital may want to review the student's IEP and modify it during the student's hospitalization. At discharge, the hospital can share with the school a summary of the student's progress.

If a student attends school for a part of a day or a part of a week, school services and homebound services can be concurrent. If the student is on a 504 or IEP, the district pays for the student's transportation. Otherwise, the parent or guardian pays for transportation.

Nonacademic Services

The Minnesota Supreme Court ruled in October 2010 that

> In sum, the plain language of IDEA regulations 34 C.F.R. sections 300.320(a)(4)(ii), 300.107, and 300.117 establishes that the extracurricular and nonacademic activities that may be included in an IEP are not limited to those activities required to educate the disabled child. The plain language of the regulations further established that a disabled student's IEP team is the appropriate entity to determine what activities are appropriate for inclusion in the student's IEP. (Independent School District No. 12, Centennial vs. Minnesota Department of Education, 2010)

The 2006 version of IDEA states the following about nonacademic and extracurricular services and activities:

> The State must ensure the following:
>
> (a) Each public agency must take steps, including the provision of supplementary aids and services determined appropriate and necessary by the child's IEP Team, to provide nonacademic and extracurricular services and activities in the manner necessary to afford children with disabilities an equal opportunity for participation in those services and activities. (34 C.F.R. 300.107, IDEA, 2006)

IDEA 2006 goes on to say:

> In providing or arranging for the provision of nonacademic and extracurricular services and activities, including meals, recess periods, and the services and activities set forth in Sec. 300.107, each public agency must ensure that each child with a disability participates with nondisabled children in the extracurricular services and activities to the maximum extent appropriate to the needs of that child. The public agency must ensure that each child with a disability has the supplementary aids and services determined by the child's IEP Team to be appropriate and necessary for the child to participate in nonacademic settings. (34 C.F.R. 300.117, IDEA, 2006)

Conclusion

Students eligible for special education receive services related to their disabilities to help them succeed in school. Students' IEPs govern the services that they receive and document the schedule for those services.

Chapter Five: Transition

All students experience transitions, for example to a new class at the beginning of the school year. Students with chronic or acute health conditions may experience additional transitions from hospital to home, home to school, from secondary school to a job or higher education and exit from special education.

Hospital to Home

When a student leaves a hospital or rehabilitation center to go home, transition includes leaving the hospital, adjusting to the health condition and returning home and to school. The hospital can be a cold, frightening facility to some and a safe haven for others. If this is a new diagnosis, there may be new procedures and limitations. Procedures performed efficiently at the hospital may be the responsibility of a parent who is still learning. Going back to school with medical equipment and a different appearance can be unsettling.

Hospitals develop discharge plans for the student and family. Plans often help the student adjust to the injury or diagnosis, help families identify community resources and provide information to the school for an individualized health plan and an individualized evacuation plan.

Home to School

Returning to school is an important part of adjusting to the health condition. Students may worry about all the instruction that they have missed, feel that they will not fit in and worry that their friends have forgotten them. They may look different because of their health conditions or injuries and fear ridicule. The school can

- Meet with the family, the student and a discharge manager before the student leaves the hospital,
- Ask the student how much information about the health condition he or she wants to share with classmates and teachers,
- Consider homebound service and shortened-day attendance and
- Discuss missed homework.

Secondary Transition

School districts are “strongly encouraged” to help all students explore post-secondary interests no later than grade nine or age 14. Talking and thinking about post-secondary activities can begin at any grade. Some students attend IEP meetings from the time they begin receiving special education services. Depending on their interests and developmental ages, students may stay for an introduction to the members and the purpose of the meeting, or they may stay for the entire meeting with verbal or written input.

Exit from Special Education

A student with a disability may be exited from special education only under the following four conditions:

- If, after the completion of a special education evaluation, it is determined that the student is no longer a student with a disability;
- Upon a student’s graduation from high school with a regular high school diploma;
- Upon the student exceeding the maximum age for receiving special education services; or
- If a parent revokes consent to all special education services.

Conclusion

Students with other health disabilities may transition many times because of their health conditions. Health care providers, families, teachers and school nurses can help them through returns to school, exiting from special education and moving to adulthood. The key is developing a transition that fits the needs of the individual student.

Chapter Six: Health Services

The right of students with OHD to attend their local schools is protected by IDEA 2004 and Section 504 of the Rehabilitation Act of 1973. Health care professionals in the schools protect their safety and comfort.

“School health services” and “school nurse services” are designed to enable a child with a disability to receive FAPE as described in the child's IEP. School nurse services are provided by a qualified school nurse. School health services may be provided by either a qualified school nurse or other qualified person. (U.S. Department of Education, 2006)

Licensed school nurses (LSNs) or public health nurses (PHNs) are vital members of evaluation and IEP teams. They can describe health conditions, the needs of individual students and the roles of school staff.

Licensed School Nurse (LSN)

The following are responsibilities of the LSN.

- Provide or supervise specialized health care procedures, such as gastrostomy tube feedings, urinary catheterization and medication management;
- Ensure that care is given while a student is at school and school functions to prevent injury;
- Delegate, train and supervise unlicensed assistive personnel in providing health-related services;
- Manage the medication regime by planning, training, supervising and monitoring medication administration during school hours;
- Conduct education and skills training for staff;
- Explain how medications may impact a student’s learning, development and educational performance;
- Teach students about their health conditions to develop self-care skills;
- Serve as a bridge between the health care and education systems;
- Assist parent or guardian and student in identifying and accessing community resources; and

- Influence the development of policies surrounding chronic disease management, safety and emergency response. (NASN 2012)

Health Plans

Individualized Healthcare Plan (IHP)

An individualized healthcare plan contains medical information, health needs (such as giving medication during the school day), creates solutions to potential health issues that can occur in a school environment, develops plans for emergency medical situations and includes goals for the student. A licensed school nurse implements and evaluates the plan in collaboration with the student, parents, healthcare provider(s) and school staff. Refer to the IHP in the adaptations or related services section of the IEP and attach it as a description of necessary services if your district wishes. The IHP is a dynamic plan that changes as the needs of the student change.

Emergency Care Plan (ECP)

An Emergency Care Plan (ECP) is a plan for a student with known health conditions that may result in a medical emergency that could result in injury, harm or death. The plan includes medical orders to avert the emergency and steps to follow, specific to the student.

Precautions against infection

- Take standard precautions against infection if you are exposed to blood, urine, vomit, saliva and feces.
- Wash hands before performing all healthcare procedures for a student, such as dispensing medication, feeding and conducting respiratory care. Always wash hands after treating a student.
- Avoid rubbing eyes, nose or touching or putting things in one's mouth (the face triangle) where mucous membranes are highly susceptible to germs.
- Put any fluid-touched items, such as bloodstained clothing, in a closed container.
- If a breakable item, such as a drinking glass, that is contaminated falls to the floor and breaks use a broom and dustpan to pick up glass. Do not pick up the broken item by hand, even if wearing gloves.
- Wear gloves when direct exposure to blood, urine, vomit, saliva, feces, non-intact skin and mucous membranes is necessary in procedures such as respiratory suctioning, catheterizing and toileting/changing.

- If a student or staff member is exposed to blood or other potentially infectious material body fluid, notify the licensed school nurse immediately to assess the extent of exposure and any remediation steps to take to reduce risk of infection.
- Students with chronic health conditions are more susceptible to communicable diseases than typical students are. Fastidious hand washing is essential to protect all students and staff. Respiratory masks may provide some protection from exposure when worn continuously. (Standard Precautions, 2012)

Family Education Rights and Privacy Act (FERPA)

FERPA is a federal law administered by the Family Policy Compliance Office in the U.S. Department of Education. FERPA applies to all educational agencies and institutions (for example schools) that receive funding under any program administered by the department. Parochial and private schools at the elementary and secondary levels generally do not receive such funding and are, therefore, not subject to FERPA. Private postsecondary schools, however, generally do receive such funding and are subject to FERPA.

Under FERPA, a school may not generally disclose personally identifiable information from an eligible student's education records to a third party unless the eligible student has provided written consent. However, there are a number of exceptions to FERPA's prohibition against non-consensual disclosure of personally identifiable information from education records. Under these exceptions, schools may disclose personally identifiable information from education records without consent, though they are not required to do so. (Family Educational Rights and Privacy Act (FERPA))

Health Information and Portability and Accountability Act of 1996 (HIPAA)

HIPAA allows covered health care providers to disclose PHI about students to school nurses, physicians, or other health care providers for treatment purposes, without the authorization of the student or student’s parent. For example, a student’s primary care physician may discuss the student’s medication and other health care needs with a school nurse who will administer the student’s medication and provide care to the student while the student is at school.

The HIPAA Privacy Rule provides protections for personal health information held by covered entities and gives patients an array of rights with respect to that information. At the same time, the Privacy Rule is balanced so that it permits the disclosure of personal health information needed for patient care and other important purposes.

A successful education program for health conditions will teach staff about the nature of a disease and create a more accepting environment for affected students. (Health Information and Portability and Accountability Act of 1996, 1996)

Conclusion

The other health disabilities category includes students with health conditions that range from controlled to terminal. Sixty years ago, those students were educated in buildings separate from their friends. Today students with health conditions ranging from controlled to terminal learn in schools in their neighborhoods, enjoying the protection and safety provided by qualified health care personnel. The key to successful learning for students with OHD is individual planning and collaborating with the licensed school nurses.

Chapter Seven: Early Childhood Special Education (ECSE)

You may use the following chart to evaluate a pupil prior to kindergarten for OHD eligibility. See your district coordinator for local policy. An ECSE teacher should be part of the evaluation team. Some special education teachers are not licensed to work with children prior to kindergarten age.

Sub-part 2 B	MINN R. 3525.1335 (2007)	Interpretation for Pupils Prior to Kindergarten	Yes/No
1	Excessive absenteeism linked to the health condition	Child is frequently absent from child care or other natural environments	
2	Specialized health care procedures that are necessary during the school day	Child receives specialized health care procedures during hours that older children are typically at school	
3	Medications that adversely affect learning and functioning in terms of comprehension, memory, attention fatigue	Interpreted as written	
4	Limited physical strength resulting in decreased capacity to perform school activities	Limited physical strength resulting in decreased capacity to perform developmentally appropriate tasks	
5	Limited endurance resulting in decreased stamina and decreased ability to maintain performance;	Interpreted as written	
6	Heightened or diminished alertness resulting in impaired abilities, for example, prioritizing environmental stimuli; maintaining focus; or sustaining effort or accuracy	Interpreted as written	

Sub-part 2 B	MINN R. 3525.1335 (2007)	Interpretation for Pupils Prior to Kindergarten	Yes/No
7	Impaired ability to manage and organize materials and complete classroom assignments within routine timelines	Impaired ability to manage and organize materials used in developmentally appropriate activities and complete developmentally appropriate tasks within routine timelines	
8	Impaired ability to follow directions or initiate and complete a task	Interpreted as written	

Table 1 shows the eight criteria for OHD as published in Minn. R. 3525.1335. Next to each criterion is its adaptation for a child who has not yet entered kindergarten.

OHD evaluation procedures for children prior to kindergarten entrance:

A. An individually administered, nationally normed standardized evaluation of the pupil's developmental performance,[1]

B. Documented, systematic interviews conducted by a licensed special education teacher with the pupil's parent or guardian and child care provider, if appropriate,

C. One or more documented, systematic observations in the (1) home or (2) child care or other learning environment in which the child participated by a licensed special education teacher,

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

E. Records review.

[1] Refer to Evaluation Compendium for Early Childhood Special Education for information regarding appropriate tool selection.

Appendix 1: Glossary

Acute Health Condition: A health condition in which the individual is medically unstable and requires frequent monitoring by medical professionals, such as physicians and registered nurses, in order to maintain the individual's health status (Minnesota Legislature, 2012)

Advanced practice registered nurse: an individual licensed as a registered nurse by the board and certified by a national nurse certification organization acceptable to the board to practice as a clinical nurse specialist, nurse anesthetist, nurse-midwife or nurse practitioner. The definitions section does not include "physician's assistant" (Minnesota Legislature, 2012)

Adverse: negative

Body fluids: Urine, feces, saliva, blood, nasal discharge, eye discharge, and injury or tissue discharge (Managing Chronic Health Needs in Child Care and Schools)

Centers for Disease Control and Prevention (CDC): A national organization that is responsible for monitoring communicable diseases, immunization status, injuries and congenital malformations, and performing other disease and injury surveillance activities in the United States (Managing Chronic Health Needs in Child Care and Schools)

Chronic Health Condition: A medical condition that has lasted at least six months, can reasonably be expected to continue for at least six months, or is likely to recur (Minnesota Legislature, 2011)

Comorbid: Pertaining to two or more disorders simultaneously (medterms medical dictionary)

Crisis: A sudden attack or intensification of symptoms of a disease

Emergency Care Plan: a plan for a student who has known health conditions that may result in a medical emergency

Flare: An acute worsening of a condition

Interview: A verbal interaction that focuses on gathering data to identify strengths, issues and strategies for a student

Licensed physician: A person licensed to practice medicine in the state of Minnesota or licensed by another state to practice medicine in that state. This includes Doctors of Medicine and Doctors of Osteopathy

Licensed psychologist: A person licensed by the Board of Psychology to practice psychology in the state of Minnesota (Minn. Stat. section 148.907)

Minnesota Administrative Rule: a general statement adopted by an agency to make the law it enforces or administers more specific or to govern the agency's organization or procedure. An agency may adopt a rule only after the Legislature has enacted a law granting this authority to the agency. An agency rule that is adopted under the rulemaking provisions of Minnesota Statutes, chapter 14, has the force and effect of law

Occupational Safety and Health Administration (OSHA): The section of the U.S. Department of Labor that regulates health and safety in the workplace (Managing Chronic Health Needs in Child Care and Schools)

Sequelae (plural): The effects of a specific injury, disease or treatment, such as scar formation after a laceration or paralysis after a poliomyelitis attack

Unduplicated Child Count: The count of students receiving special education services in each district. It is “unduplicated” because a student who receives services in two categories (such as OHD and speech) counts in only one of those categories

Appendix 2: Internet Links and Addresses

ADHD Symptoms and Diagnosis, Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (http://www.cdc.gov/ncbddd/adhd/diagnosis.html

Family Educational Rights and Privacy Act (FERPA)
http://www.ed.gov/policy/gen/guid/fpco/ferpa/index.html

Health Insurance Portability and Accountability Act of 1996 (HIPAA)
http://www.hhs.gov/ocr/privacy/

MDE Authorization to Release Information Form
http://education.state.mn.us/search?as_sitesearch=education.state.mn.us/mdeprod/idcplg&access=p&entqr=0&output=xml_no_dtd&sort=date%3AD%3AL%3Ad1&entsp=a&ie=UTF-8&client=New_frontend&q=authorization+for+release+of+information&searchbutton=Go&ud=1&site=default_collection&oe=UTF-8&proxystylesheet=New_frontend&ip=156.98.128.70)

MDE Eligibility Criteria: Other Health Disabilities
http://education.state.mn.us/MDE/SchSup/ComplAssist/Monitoring/Checklists/

MDE Evaluation Report
http://www.education.state.mn.us/search?q=evaluation+report+form&searchbutton=Go&output=xml_no_dtd&oe=UTF-8&ie=UTF-8&client=New_frontend&proxystylesheet=New_frontend&site=default_collection

MDE Evaluation Standards
http://education.state.mn.us/search?q=evaluation+standards&searchbutton=Go&output=xml_no_dtd&oe=UTF-8&ie=UTF-8&client=New_frontend&proxystylesheet=New_frontend&site=default_collection

Minnesota Manual of Accommodations
(http://education.state.mn.us/MDE/StuSuc/SpecEdProg/StateAssessStuDisab/index.html)

MDE Other Health Disabilities web page
http://www.education.state.mn.us/MDE/EdExc/SpecEdClass/DisabCateg/OtherHealthDisab/index.html

MDE Q&A: Other Health Disabilities Criteria and Attention Deficit Disorder or Attention Deficit Hyperactivity Disorder
http://www.education.state.mn.us/MDE/SchSup/ComplAssist/QA/IEP/index.html

Minnesota Rule 3525.1335 Other Health Disabilities
https://www.revisor.mn.gov/rules/?id=3525.1335

Minnesota Rule 3525.2810 Development of Individualized Education Program Plan
https://www.revisor.mn.gov/rules/?id=3525.2810

Minnesota Rule 3525.2900 Transition and Behavioral Intervention Planning
https://www.revisor.mn.gov/rules/?id=3525.2900

Minnesota Statute 125A.02 Child with a Disability Defined
https://www.revisor.mn.gov/statutes/?id=125A.02&format

Minnesota Statute 148.907 Licensed Psychologist
https://www.revisor.mn.gov/statutes/?id=148.907

IDEA Nonacademic Services
http://idea.ed.gov/explore/view/p/%2Croot%2Cregs%2C300%2CB%2C300%252E107%2C

IDEA Nonacademic Settings
http://idea.ed.gov/explore/view/p/%2Croot%2Cregs%2C300%2CB%2C300%252E117%2C

IDEA Part 300/B/300.174 Prohibition on mandatory medication
http://idea.ed.gov/explore/view/p/%2Croot%2Cstatute%2CI%2CB%2C612%2Ca%2C25%2C

Appendix 3: OHD Work Sheets

Former Title	Current Title	Location
Accommodations/Modifications Consideration Checklist	Manual on Accommodations for Students with Disabilities	http://education.state.mn.us/MDE/StuSuc/SpecEdProg/StateAssessStuDisab/
Authorization for Release of Information	Authorization for Release of Information	http://education.state.mn.us/search?as_sitesearch=education.state.mn.us/mdeprod/idcplg&access=p&entqr=0&output=xml_no_dtd&sort=date%3AD%3AL%3Ad1&entsp=a&ie=UTF-8&client=New_frontend&q=authorization+for+release+of+information&searchbutton=Go&ud=1&site=default_collection&oe=UTF-8&proxystylesheet=New_frontend&ip=156.98.128.70)
None	Developmental Skills Checklist: Infant and Toddler	http://www.education.state.mn.us/MDE/EdExc/SpecEdClass/DisabCateg/OtherHealthDisab/index.html
Data Sources Grid to Gather Evaluation Information	Sources for Evaluation Data	http://www.education.state.mn.us/MDE/EdExc/SpecEdClass/DisabCateg/OtherHealthDisab/index.html

Former Title	Current Title	Location
Evaluation Report Form	Evaluation Report Form	http://www.education.state.mn.us/search?q=evaluation+report+form&searchbutton=Go&output=xml_no_dtd&oe=UTF-8&ie=UTF-8&client=New_frontend&proxystylesheet=New_frontend&site=default_collection
Evaluation Standards	Evaluation Standards	http://www.education.state.mn.us/search?q=evaluation+standards&searchbutton=Go&output=xml_no_dtd&oe=UTF-8&ie=UTF-8&client=New_frontend&proxystylesheet=New_frontend&site=default_collection
Instructions (for) Organizational and Independent Work Skills Checklists	None	None
List of Common Health Diagnoses	None	None
Medical Documentation Form	Health Condition Documentation Form	http://www.education.state.mn.us/MDE/EdExc/SpecEdClass/DisabCateg/OtherHealthDisab/index.html
Medical Documentation Form for Attention-Deficit / Hyperactivity Disorder	Health Condition Form for Attention-Deficit / Hyperactivity Disorder	http://www.education.state.mn.us/MDE/EdExc/SpecEdClass/DisabCateg/OtherHealthDisab/index.html

Former Title	Current Title	Location
None	Work and Motor Skills Checklist: Transition	http://www.education.state.mn.us/MDE/EdExc/SpecEdClass/DisabCateg/OtherHealthDisab/index.html
OHD Criteria Worksheet	Checklist: Other Health Disabilities	http://www.education.state.mn.us/MDE/SchSup/CompIAssist/Monitoring/Checklists/index.html
Organizational and Independent Work Skills Checklist Elementary	Work and Motor Skills Checklist: Elementary	http://www.education.state.mn.us/MDE/EdExc/SpecEdClass/DisabCateg/OtherHealthDisab/index.html
Organizational and Independent Work Skills Checklist Middle and High Schools	Work and Motor Skills Checklist: Middle and High Schools	http://www.education.state.mn.us/MDE/EdExc/SpecEdClass/DisabCateg/OtherHealthDisab/index.html
Organizational and Independent Work Skills Checklist Pre-K and Kindergarten	Work and Motor Skills Checklist: Pre-K and Kindergarten	http://www.education.state.mn.us/MDE/EdExc/SpecEdClass/DisabCateg/OtherHealthDisab/index.html
Other Health Disability Outline of Evaluation Report	None	None
Parent/Guardian Interview	Parent/Guardian Interview	http://www.education.state.mn.us/MDE/EdExc/SpecEdClass/DisabCateg/OtherHealthDisab/index.html

Former Title	Current Title	Location
Sample Cover Letter for Checklist	None	None
Sample Evaluation Report	None	None
Sample Initial Evaluation	None	None
Systematic Interview/Observation Worksheet	Student Interview Sheet	http://www.education.state.mn.us/MDE/EdExc/SpecEdClass/DisabCateg/OtherHealthDisab/index.html
Systematic Interview/Observation Worksheet	Student Observation Sheet	http://www.education.state.mn.us/MDE/EdExc/SpecEdClass/DisabCateg/OtherHealthDisab/index.html

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