

Guidelines for Determining Eligibility of Other Health Impairment



2011

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Introduction

The purpose of this document is to provide criteria for the determination of eligibility for students exhibiting *Other Health Impairments* in the Marquette and Alger local school districts. These guidelines are based on the Michigan Revised Administrative Rules for Special Education (November 2002) and on the Individuals with Disabilities Improvement Education Act (IDEA-2004).

This document serves to clarify eligibility issues in order to assure consistency among school districts within the county, compliance with current special education laws, and the implementation of current “best” practices.

In general, as part of an initial evaluation, IDEA-2004 Section 614 states:

- (A) A state educational agency, other state agency, or local educational agency shall conduct a full and individual initial evaluation in accordance with this paragraph and subsection (b), before the initial provision of special education and related services to a child with a disability under this part.
- (i) Such initial evaluations shall consist of procedures –
 - (I) to determine whether a child is a “child with a disability” (as defined in section 602); and
 - (II) to determine the educational needs of such child.

To be eligible as a “student with a disability”, IDEA-2004 Section 602 and the State Administrative Rules for Special Education (November 2002, R 340.1702) state the IEP team must establish the following:

- (1) Results of the evaluation indicate that the student meets the specified criteria for an impairment in 1 or more areas of impairment identified in the Act (in this case, an Other Health Impairment), and
- (2) As a result of the identified impairment, the student *needs* special education and related services.

Definition of Other Health Impairment (OHI)

The Individuals with Disabilities Improvement Education Act (IDEA-2004) and the Michigan Administrative Rules for Special Education (November 2002) provide the process required in the identification of students with Other Health Impairments.

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, but not limited to:

- (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 comprehensive 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.

PART I

General Education Intervention Strategies

As part of the evaluation requirements, in addition to meeting the eligibility requirements as cited above, the IEP team must determine whether the child needs special education and related services. The IEP team has the responsibility to document that the need for special education service exists.

Interventions in general education, which may include special or supplemental materials, modification of instructional techniques, or other support services provided within the general education environment, may suffice to meet the student's needs. This could also include accommodations made under Section 504 of the Civil Rights Act, 1973.

A child may have a medical diagnosis and not qualify for special education. A child will be eligible as an OHI student only if the health impairment adversely affects his educational achievement level and performance. A child whose health impairment does not interfere with his day-to-day functioning within the educational setting would not be eligible for special education services.

The severity of student impairment falls along a continuum. A student with a mild impairment would likely require no special education services. A student with a mild to moderate impairment may require some adaptation or modification in the school setting. A student with a moderate to severe impairment may require a more restrictive environment. While some degree of subjectivity is inherent in the diagnostic process, the Criteria for Eligibility form (See Appendix A-10) is intended to serve as a tool in determining the severity of the impairment and **should be discussed in the MET.**

To preserve the child's right to a Free Appropriate Public Education (FAPE), accommodations may be made under section 504 of the Civil Rights Act of 1973. Not all students with physical or other health impairments experience learning problems, nor do they require special education and related services. Only when the accommodations are beyond what is required under Section 504, should eligibility for special education be considered. Section 504 vs. IDEA-2004 (See Appendix A-11) describes the comparison of Section 504 and IDEA-2004.

A pre-referral in general education is facilitated through a team process suited to the individual building. Members support general education staff through problem solving, suggestions for interventions, and follow-up regarding the effectiveness of the interventions. Following is an example of a process that is in place in many districts:

1. The general education teacher contacts parents with regard to concerns about the student's learning and/or behavior problems. If this team approach to solving problems is not sufficient, the next step is to take this concern to a building support team such as a Student Assistance Team (SAT).
2. Student Assistance Team (SAT) Process: In this process, the parent, classroom teacher, other staff member, or an outside service provider may present their concerns in writing to a team of individuals who then address the concerns at a formal meeting. Notes are taken, and regular meetings are scheduled. Recommendations and support are given for further interventions to be implemented, which are then recorded along with the effectiveness of these interventions. Parents are invited to attend.

a. Members may include:

- i. Parents
- ii. General Education Teacher (s)
- iii. Special Education Teacher (s)
- iv. Administrator
- v. Title 1 Teacher
- vi. School Counselor
- vii. School Social Worker
- viii. Speech and Language Pathologist
- ix. School Psychologist
- x. Teacher Consultant
- xi. Other personnel as needed

b. Activities may include:

- i. Review CA-60 file
- ii. Obtain parent input: interviews, checklists, outside service agency evaluation/treatment information
- iii. Recommend accommodations for home and school
- iv. Gather data related to the strategies used, effectiveness of strategies, and revisions
- v. Review medical information
- vi. Exhaust all general education opportunities such as: Title I activities, homework club, tutors, corrective classes.
- vii. Confidential notes are taken and students "in process" are reviewed.

- viii. Consider whether a Section 504 Plan will support the child's needs in the least restrictive general education environment.

PART II

Evaluation Procedures For Special Education Eligibility For Other Health Impairment

In general, as part of an initial evaluation or re-evaluation, IDEA-2004 states that the *team shall-*

- (a) *Review existing evaluation data on the child including evaluations and information provided by the parents of the child, current classroom-based assessments and observations, and teacher and related service provider's observations.*
- (b) *On the basis of that review, and input from the child's parents, identify what additional data, if any, are needed to determine—*
 - i. *Whether the child has a disability....or continues to have a disability.*
 - ii. *The present levels of performance and educational needs of the child.*
 - iii. *Whether the child needs special education and related services.*
 - iv. *Whether any additions or modifications to the special education services are needed to enable the child to meet the measurable annual goals in the IEP and to participate, as appropriate, in the general curriculum.*

In a **re-evaluation**, if the IEP team determines that no additional data is required to determine whether the child continues to be eligible for special education services, the local educational agency-

- (a) *shall notify the child's parents of-*
 - *the determination and the reasons for it; and*
 - *the right of such parents to request an assessment to determine whether the child continues to be a child with a disability; and*
- (b) *shall not be required to conduct such an assessment unless requested to by the child's parents.*

In order to consider eligibility:

- 1) a statement of a health condition that would impact learning must be obtained from the student's physician, and
- 2) evidence that the health condition significantly impairs the student's ability to make adequate progress in a general education setting is required.

Initial Evaluation

Once the building support team has exhausted all general education opportunities, they may recommend that a meeting be held and an evaluation plan written (REED). This evaluation could also

be completed at the request of a parent. The Review of Existing Evaluation Data (REED) and Evaluation Plan details the components of the evaluation and includes the parent's signed permission. The initial evaluation process is used for the following conditions. 1) if the student is not currently eligible for special education. 2) *If a change in eligibility to Other Health Impairment is being considered.* This evaluation must be completed within 30 school days unless the parent agrees to an extension of the timeline.

a. Components must include:

- i. A current Physician's Statement (See Appendix A-1): A diagnosis and statement of a medical condition that might significantly impair learning (See Appendix A-2, A-3, and A-4) . A statement from a physician's assistant, psychologist, or social worker is not sufficient. This statement must be dated within one year of the evaluation.
- ii. Direct observation of classroom behavior: Record of student's response to environment, ability to respond to interventions, appropriateness of interventions/teaching strategies, transition, degree of difficulties experienced by student in relation to other students in the classroom, student's organizational and attention skills.

b. Other components **may** include:

- i. Comprehensive record review highlighting information regarding the onset and history of impact and/or interventions, previous comments made by past teachers, areas of strength or weakness over time, quality of social interactions, history of absences over time, relevant medical or psychological information. Current grades, MEAP scores, or other local district evaluation results (DIBELS, MLPP, year end math assessments).
- ii. Parent input: checklists/questionnaires completed by parents to record a developmental history, school history, interventions and their effectiveness, relevant medical information and concerns, possible impact of family history, environmental or psychological factors, and information relating to the child's social, emotional, behavioral and educational progress (See Appendix A-5).
- iii. Teacher input: checklists/questionnaires completed by general education teachers to record comments, interventions and their effectiveness, current grades and performance, incidence/ intensity/impact of difficulties in academic, behavioral and social arenas, and evidence and impact of symptoms related to medical diagnosis on school performance (See Appendix A-6).
- iv. Student input: to record student's perceptions of concerns, areas of difficulty and success, family dynamics, homework support, ideas for effective interventions/support (See Appendix A-7).
- v. Current psycho-educational assessment may be warranted if cognitive or learning disabilities are suspected.
- vi. If Attention Deficit Disorder (ADD) or Attention Deficit Hyperactivity Disorder (ADHD) is being evaluated, the

following data should be included in the evaluation plan:

Systematic observations by a school psychologist or school social worker
Behavior rating scales
Review of existing behavior/educational plans
Review of medical interventions

Re-Determination Evaluation

A redetermination of the students special education eligibility is considered at least every three years once the student becomes eligible for special education. Evaluation components and parent input must be indicated on the REED form. Students may remain eligible without further evaluation as determined by the members of the team including the parent *if the physician's statement indicates the medical diagnosis is a lifelong condition and that condition continues to significantly impact the student's educational progress*. In the case of an ADHD diagnosis, if the team feels there is adequate evidence that ADHD continues to significantly impact their educational performance, and there exists a previous physician's statement indicating a diagnosis at one time, a current statement is not required. If either of these pieces is not evident, then components of an evaluation, such as acquiring a current medical diagnosis, may be necessary.

The redetermination information may serve to provide updated Present Level of Academic Achievement and Functional Performance (PLAAFP) information for determining IEP goals.

Some students, upon redetermination, may be found ineligible for special education programming as Other Health Impairment. This may occur when health conditions have stabilized such that the student no longer requires special education. While the student may be ineligible for special education programming, accommodations may still be necessary under Section 504 of the Rehabilitation Act of 1973.

If further evaluation is deemed necessary, the following components may be included:

- a. Medical statement from a physician
- b. Observation of classroom behavior
- c. Assessment of present levels of performance and impact of the disability on the progress in the general education curriculum

PART III

Other Health Impairment Multidisciplinary Education Team (Met) Procedures

The MET team reviews the reports from all evaluators and considers the suspected eligibility. The team members include anyone who evaluated the child and provides a report of that evaluation. The MET form is completed and signed by all who contribute a report. Parents must provide input to the MET (See Appendix A-8 and A-9).

As part of the evaluation requirement, in addition to meeting the eligibility requirements, the team must determine whether the child needs special education and related services in order to make progress in the general curriculum. In the case of a re-evaluation consideration must be given to whether the child *continues* to need special education or related services.

A child may have a medical diagnosis and not qualify for special education. A student will be eligible for special education under the area of Other Health Impairment (OHI) only if the health impairment adversely affects his/her educational achievement level and performance to the extent that he/she is unable to make adequate progress in the general curriculum without special education support. The team should utilize the Criteria for Eligibility document (See Appendix A-10) and take into consideration the level of impact the medical condition has on classroom performance.

The MET team then makes a recommendation for eligibility to the IEP team.

It is the job of the IEP team to determine eligibility and if eligible, the program/services that may be required in order to allow the student to be successful.

The **eligibility/disability question for the MET** to consider **is not** whether a student can profit from special education programs and services. The eligibility/disability question is specifically:

Does the “referred” student require special education programs and related services to profit from their educational experience?

Signed documents are copied and distributed by the MET Coordinator:

- The Student’s CA-60
- MARESA
- Special education providers
- Parents should have a copy of the report, but are not required to receive a copy of the MET

Physician's Statement

Date Requested: _____

Dear _____ :

_____ (DOB _____) has been referred for
eligibility/continued eligibility for special education services.

Eligibility is determined according to the Michigan Department of Education Special Education Rule 340.1709a:

- Due to a chronic or acute health problem, this student manifests limited strength, vitality or alertness to the educational environment that adversely impacts his/her educational performance.
- Determination of disability shall be based upon a comprehensive evaluation by a multidisciplinary evaluation team, which shall include one of the following persons: an orthopedic surgeon, an internist, a neurologist, a pediatrician, a family physician or any other approved physician as defined in 1978 PA 368, MCL 333. 1101 et seq.

(Please initial ALL that apply)

_____ Currently this student is being treated for _____
(Medical Diagnosis)

_____ The above condition may adversely affect the student's educational performance and or may require adaptations within the school environment.

_____ This certifies that the student's condition is permanent and/or a life-long disability.

Comments:

(Signature of Physician)

(Date Signed)

Address of Physician: _____

Phone # of Physician: _____

Request for Release or Exchange of Confidential Information

Today's Date: _____

To: _____

(Name and Address of Individual or Agency from whom information is being requested)

Re: _____ Birth Date: _____
(Student's Name)

It is with my full knowledge and consent that I authorize the release and/or exchange of confidential information concerning my son, daughter or myself, as named above, with the above named agency or individual, and Montcalm Area Intermediate School District. This release is specific only to staff who are identified by district policy as having an educational need to know.

Information to be released shall be the student, or former student's: (initial the appropriate blank/s)

- Entire educational record; including all evaluations by staff and independent evaluations that were obtained to assist in making educational decisions
- Entire medical record; including any medical report maintained by a school or agency
- Discharge summary
- Only the following information, may be exchanged: _____

This consent may be withdrawn at any time, except for information already exchanged.

This consent expires: _____, or 12 months after today's date, if not specified.

Purpose:

- ❖ Educational Planning, which may include special education planning if appropriate.
- ❖ Other _____

For records provided by a Center for Behavioral Health: The parent/guardian understands that the information being released may include diagnosis, prognosis, treatment of physical, mental and/or emotional illness, including treatment of psychiatric, alcohol or chemical dependency; diagnosis, prognosis, testing for and/or treatment of HIV, AIDS, or Acquired Immunodeficiency Syndrome Related Complex.

Signed: _____ Date: _____
(Parent, Guardian or other person authorized to give consent)

Witnessed: _____ Date: _____
(Optional)

Check one of the following boxes,

- Yes, there are charges for the requested information: \$ _____
- No, there are no charges for the requested information.

Send requested information to:

Records sent: _____
Original Copy of Release: Student's main file

Form Revised: 3/25/11/MARESA/jrp

Parent Letter

Date: _____

Dear _____,

As you already know, your child, _____ Birth Date: _____ has been referred for an evaluation to determine special education eligibility under the category _____. One part of this evaluation is an opinion from your doctor regarding a diagnosis. **Without the medical component, the evaluation will not be complete.** If it has been more than a year since your child has seen the doctor, please schedule an appointment so that the information is current.

Enclosed is a release of medical information form. **Please sign and return it in the envelope provided, and I will send for the required information.**

Sincerely,

Title: _____

Phone Number: _____

Email: _____

Request for Physician's Statement

Re: _____
Birth Date: _____

Dear Dr. _____:

We are requesting a written statement from you regarding the student named above to assist us in determining if he/she does or does not require Special Education services and, if so, to develop an appropriate individual educational plan.

The section of the Revised Michigan Mandatory Law for Special Education, 2002, which defines **Other Health Impairment** is defined on the enclosed form.

In order for a student to be considered in need of Special Education, the multidisciplinary team must have sufficient data to show that the other health impairment adversely affects educational performance.

A multidisciplinary team must do a comprehensive evaluation. A physician is a required member of that evaluation team. We are requesting that you complete the enclosed Physician's Statement as a means of communicating your assessment data for inclusion in our multidisciplinary team report. The items included in the Physician's Statement will aid us in determining the student's educational needs and in developing an appropriate education plan if necessary.

If you have further questions, please feel free to call us. We thank you in advance for your assistance and interest.

Sincerely,

Person requesting information
Title: _____
Phone: _____

Attachments:

____ Physician's Statement
____ Signed Parental Release of Information Form

PARENT QUESTIONNAIRE

As you know, your child is in the process of an evaluation by the school. As a part of that evaluation, please complete the following questions as completely as possible, then return in the envelope provided as soon as possible. Your information will be kept confidential and shared only with those who have a “need to know,” including those who are a part of the evaluation/planning team. This information will be used to determine your child’s strengths and areas of difficulty, how they may affect his/her learning, and to guide recommendations for supportive interventions. If you have any questions, please feel free to contact:

Student Name: _____ **Date:** _____

Office Use Only		Yes	No	Don't know
M	Learned the alphabet easily.			
M	Can remember important facts for tests.			
M	Remembered/recited nursery rhymes and stories well.			
M	Can remember instructions or directions without having them repeated.			
M	Generally can write (or tell) a complete story or paragraph without forgetting what he/she was intending to say.			
M	Can recall spelling words and math facts relatively easily.			
L	Responds to my directions without my having to show him/her how.			
L	Pronounced words properly at a reasonable age.			
L	Developed the ability to speak in complete sentences at about the same time as others his/her age.			
L	Can communicate easily what he/she means.			
L	Tells stories with lots of details.			
L	Uses advanced words when speaking.			
HT	Easily understands ideas or concepts he/she learns in school.			
HT	Can problem solve well.			
HT	Uses his or her imagination well as a young child.			
HT	Can figure out how things work.			
HT	Was/is curious about why things happen.			
HT	Has ability to understand another’s viewpoint.			
SC	Engages well with others.			
SC	Is well liked by others.			
SC	Got along well with other kids as a young child.			
SC	Responds appropriately to the feelings of others.			
SC	Is able to work out problems with others peacefully.			

Office Use Only		Yes	No	Don't know
SC	Can usually tell what another is feeling.			
A	Engaged in a "normal" level of activity as a young child.			
A	Usually completes tasks within a reasonable amount of time.			
A	Stays focused on activities that require sustained mental energy such as reading, listening, or writing even when it is not their favorite activity or subject.			
A	I neat and organized.			
A	Can follow multi-step directions without reminders.			
A	Is ready on time.			
VS	Has a good sense of how to get places.			
VS	Knows where to find things/doesn't lose things.			
VS	Does visual activities well such as puzzles or mazes.			
VS	Can draw what he/she sees.			
TSO	Has a good sense of how long something will take.			
TSO	Is usually on time.			
TSO	Could learn days of the week, numbers, and alphabet in order.			
TSO	Does things in a sensible order.			

Was there anything unusual or risky about the pregnancy or delivery of this child? If yes, what?

Were there any unusual or alarming childhood illnesses, fevers, conditions, infections? (Please include chronic ear infections) _____

Has this child ever been hospitalized? If yes, for what and how long?

At about what age did this child walk? _____ Talk? _____ Toilet train? _____

Does this child have any formal preschool experience? If yes, what and where?

Has this child ever been found eligible for special education or received special education services? If yes, please explain. _____

Is there a history of any mental, emotional, or learning difficulties for this child or for someone in the immediate family? If so, what and by whom (sibling, parent)? _____

Is there any history of attention difficulties in the immediate family? If so, what and by whom?

Has your child taken any prescription medications regularly? If so, what and when? _____

What activities/chores does the child perform independently at home? _____

What activities does the child engage in outside of school? _____

How well does he/she get along with others in those settings? _____

Does the child demonstrate any obsessive (must do) or compulsive (repetitive) behaviors at home? If so, describe _____

Does the child exhibit any problematic, destructive, or threatening behaviors? If so, describe: _____

What kind of discipline is used in the home? What are the consequences for negative behaviors?

Are there any other things in the home environment that might affect this child's ability to learn at school? _____

Please tell us about your child's strengths: _____

Anything else we should know? _____

Thank you so much for taking the time to help us know your child.

PARENT QUESTIONNAIRE SCORING SHEET

Area of Concern	Tally (# marked "yes")	# possible	% (Tally divided by # possible)	Significance
Attention (A)		6		
Memory (M)		6		
Language (L)		6		
Visual-Spatial Ordering (VS)		4		
Temporal-Spatial Ordering (TSO)		4		
Higher Order Thinking (HT)		6		
Social Cognition (SC)		6		

Areas that have more than 50% of the items marked "yes" may be areas of significant difficulty that should be further evaluated.

TEACHER QUESTIONNAIRE

2005, Revised, Holly Beachum (Adapted from Views Attuned by Mel Levine, M.D.)

Completed by: _____

Student Name: _____ Date: _____ Grade: _____

The student listed above is currently in the process of receiving an evaluation. In an effort to provide valuable input to this process, please answer the following questions by checking the appropriate box. Feel free to make comments as you wish in the space provided following each question.

<i>Office Use Only</i>	<i>When given instructions, does this child...</i>	<i>Yes</i>	<i>No</i>	<i>Sometimes</i>	<i>Major Concern</i>
<i>A, L, M</i>	Have difficulty following multi-step instructions?				
<i>A, M</i>	Complete only the initial or final steps of instructions?				
<i>A, M</i>	Need instructions repeated?				
<i>L</i>	If instructions are repeated, do you need to use simpler words in order for the child to respond correctly?				
<i>A, s/a</i>	Start responding before instructions are finished?				
<i>A</i>	Respond more accurately to instructions given for activities in which the student has a known interest?				
	<i>When responding to questions asked in class, or when communicating about a topic, does this child...</i>				
<i>A, L, M</i>	Take a long time to generate an answer?				
<i>L, M, HT</i>	Misuse vocabulary?				
<i>A, L, HT</i>	Form opinions poorly?				
<i>L, M, HT</i>	Have trouble revising, clarifying, summarizing?				
<i>A, M</i>	Lose track, stray off topic?				
<i>A, SO</i>	Have trouble expressing thoughts in order?				
	<i>When this student is writing as opposed to copying, does he/she...</i>				
<i>A, L, M</i>	Write very slowly?				
<i>A</i>	Show deterioration over time?				
<i>A, SO</i>	Arrange the paper poorly?				
<i>A</i>	Become distracted easily?				
<i>A, L, M</i>	Have difficulty organizing thoughts?				
<i>A, M</i>	Leave out punctuation, capitalization, have poor spelling?				
<i>A, M, HT</i>	Stray off topic, have undeveloped thoughts?				
	<i>When information is presented orally, especially for extended periods of time, do you observe the child to be...</i>				
<i>A, M</i>	Confused?				
<i>A</i>	Fidgety?				

<i>Office Use Only</i>		<i>Yes</i>	<i>No</i>	<i>Sometimes</i>	<i>Major Concern</i>
<i>A, L, M</i>	Show fatigue?				
<i>A</i>	Daydreamy? Zoned out?				
<i>A, L, M</i>	Uninterested?				
<i>A, L, M, HT</i>	Frequently asking for clarification?				
<i>A, L, M, HT</i>	Asking questions or making comments that are unrelated to the topic?				
<i>A</i>	Unable to sustain focus over time, unable to attract attention?				
<i>A, L, HT</i>	Does NOT benefit when a visual component is added (i.e; notes on board or overhead, visual model or experiment, picture)?				
	<i>When child is copying from board or book at desk, does he/she...</i>				
<i>M</i>	Look up more often than classmates?				
<i>A, M</i>	Copy slowly?				
<i>A, M</i>	Illegibly?				
<i>A, M</i>	Inaccurately?				
<i>A</i>	Have trouble listening and copying simultaneously?				
<i>A</i>	Look at others while copying?				
	<i>Does the child have difficulty with organization as manifested by...</i>				
<i>A, M</i>	Misplaced books, papers, etc. or not having materials needed?				
<i>A, VS</i>	Having disorganized notebook?				
<i>A, TSO</i>	Having difficulty following routines?				
<i>A, TSO</i>	Having difficulty being on time?				
<i>A, M, TSO</i>	Late assignments?				
<i>A, M</i>	Being unprepared in other ways? How?				
	<i>While taking a test, does the student?</i>				
<i>L, M, HT</i>	Look confused or upset?				
<i>A, M</i>	Rush through work?				
<i>A, M, L, HT</i>	Work too slowly/				
<i>A</i>	Make careless errors?				
<i>A, HT</i>	Not check over answers?				
<i>L</i>	Make several errors that can be corrected by restating the question using simpler language?				
<i>A, L</i>	Look frequently at others?				
<i>A</i>	If you pointed out which items were incorrect, could the student self correct simply by looking again (without further instruction)?				
	<i>When this child is working independently does he/she...</i>				
<i>A</i>	Often get distracted?				
<i>A</i>	Disturb others?				
<i>A</i>	Fidget?				

		Yes	No	Sometimes	Major Concern
<i>Office Use Only</i>					
A	Yawn, stretch, act tired?				
A	Finish too quickly?				
A, M	Work too slowly?				
A, HT	Depend excessively on help from others?				
	<i>When you listen to the child read aloud do you see him/her...</i>				
L, M	Read word by word?				
L, M	Read without expression?				
A, M, HT	Ignore punctuation?				
A	Not recognize or correct errors?				
A	Skip words?				
A	Use finger under words to keep place?				
A	Lose place?				
VP	Have improved comprehension than when he reads silently?				
	<i>When you observe the child reading silently does he/she...</i>				
A, L, HT	Look confused or upset?				
A, L, HT	Read too slowly?				
A	Read too quickly?				
A, M	Exhibit fatigue?				
AP	Whisper or move lips while reading?				
VP	Use finger to keep place?				
VP	Place book excessively close to eyes?				
AP	Have improved comprehension that when he reads orally?				
A, M, L	<i>Does the child have difficulty with memorization, learning lyrics? Do you do anything to strengthen this?</i>				
VP	<i>Does this child have difficulty or avoid drawing When you observe the child interacting with others, does he/she...</i>				
A, L, SC	Have trouble sharing, collaborating?				
A	Interrupt, talk out?				
A, L, SC	Act physically aggressive?				
A, L, SC	Respond in a verbally offensive way?				
A, SC	Respond in a frequently argumentative way?				
A, L, SC	Make socially inappropriate comments?				
SC	Seem to isolate him/herself?				
A, SC	Have trouble resolving conflicts?				
A, SO	Get into others' personal space?				
	<i>If/when you have the opportunity to a) listen to an oral response or b)read the students writing that is in response to something that was read, does the student...</i>				
A, L, HT	Have trouble identifying the important parts?				

		<i>Yes</i>	<i>No</i>	<i>Sometim es</i>	<i>Major Concern</i>
<i>Office Use Only</i>					
	Have excessive reversals of letters or word spellings?				
<i>A, L, HT</i>	Have trouble identifying the author's purpose?				
<i>A, HT</i>	Have difficulty applying what he/she reads to a new situation?				
<i>HT</i>	Have difficulty making judgments or evaluating?				
<i>A, L, M</i>	Miss important information?				
	<i>If/when you read the student's compositions, does he/she...</i>				
<i>L</i>	Overuse high frequency vocabulary?				
<i>A, L, HT</i>	Write very simple sentences?				
<i>L</i>	Make grammatical (usage) errors?				
<i>M</i>	Have readable (phonetically correct) spelling errors?				
<i>A, L, M</i>	Have spelling errors that are close approximations of the intended words?				
<i>L, M</i>	Misspell mainly one part of the word (beginning, middle, or end)?				
<i>A</i>	Seem to be able to express him/herself significantly better (have more well developed ideas, use larger vocabulary) orally rather than when writing?				
<i>HT</i>	Have weak development of ideas, use few details?				
	Appear to lack a strategy for writing?				
	<i>If/when you have the opportunity to analyze math production, does the student...</i>				
<i>L, HT</i>	Have difficulty grasping the concept, even after reteaching?				
<i>A, M</i>	Have difficulty following a process (steps of a long division) or procedure?				
<i>A</i>	Make careless mistakes?				
<i>L, M, HT</i>	Have particular difficulty with word problems, even if read to?				
<i>A, VP, HT</i>	Have difficulty with visual patterns, geometric shapes/concepts?				
<i>A, HT</i>	Lack problem solving strategies, have difficulty attacking a problem?				
<i>A</i>	Have difficulty maintaining proper order?				
<i>A, M, HT</i>	Have trouble applying rules?				
<i>A, SO</i>	Have messy, disorganized paper?				
<i>L, HT</i>	Have difficulty grasping mathematical vocabulary?				

Please take the time to list some things you perceive as strengths or interests of this child:

Please list any modifications and their rate of success that have been put into place to support success for this child: _____

TEACHER QUESTIONNAIRE SCORING SHEET

Area of Concern	Tally (# marked "yes")	# possible	% (Tally divided by # possible)	Significance
Attention (A)		6		
Memory (M)		6		
Language (L)		6		
Visual-Spatial Ordering (VS)		4		
Temporal-Spatial Ordering (TSO)		4		
Higher Order Thinking (HT)		6		
Social Cognition (SC)		6		

Areas that have more than 50% of the items marked "yes" may be areas of significant difficulty that should be further evaluated.

Regular Education Teacher Report

The following student is currently being evaluated. Please respond as completely as possible and return to _____ as soon as possible. Thank you.

Current Date: _____

Student's Name: _____ Grade: _____ Birth Date: _____

School District: _____ Building: _____

Teacher: _____

Student's current grade in your class (ie: A-, C+) : _____

I. Identification of Problem

A. Area(s) of concern (*Check all that apply*):

- | | |
|---|--|
| 1. <input type="checkbox"/> Reading ability and skills | 8. <input type="checkbox"/> Self concept |
| 2. <input type="checkbox"/> Math ability and skills | 9. <input type="checkbox"/> Relating to others |
| 3. <input type="checkbox"/> Spelling ability and skills | 10. <input type="checkbox"/> Attendance: # of days
absent this year _____ |
| 4. <input type="checkbox"/> Writing ability and skills | 11. <input type="checkbox"/> Hearing |
| 5. <input type="checkbox"/> All academic skills | 12. <input type="checkbox"/> Vision |
| 6. <input type="checkbox"/> Behavior management | 13. <input type="checkbox"/> Home environment |
| 7. <input type="checkbox"/> Attention | 14. <input type="checkbox"/> Other _____ |

Briefly explain the problem:

B. Select all environments where the problem: (1) is known to exist; (2) does not exist; or (3) is not known.

	Exists	Does Not Exist	Not Known
1. Classroom, structured periods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Classroom, unstructured periods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. With other teachers, staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Halls, lunchroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Playground	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. To and from school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. In the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. In the neighborhood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Do you observe these difficulties: daily? weekly? hourly?

D. To your knowledge, how long has the problem existed?

Six Weeks Six Months Over 1 Year

E. Are there any known or suspected health concerns that might interfere with school success?

Yes No If yes, please briefly comment:

_To your knowledge, are any medications being used? _____

F. **Academic** problems observed: (*Please check the box for those items you feel significantly impact this student's progress in the general curriculum*)

doesn't recognize all letters limited vocabulary lacks materials for class

unfocused/distractible work illegible reverses letters and numbers

doesn't understand directions lacks basic reading skills slow rate of work

work incomplete lacks basic math skills disorganized

does poorly on tests lack of motivation fails to do/return homework

other _____

G. **Behavioral** problems observed: (*Please check the box for those items you feel significantly impact this student's progress in the general curriculum*)

touchy

seeks negative attention

not accepted by other students

bossy

makes inappropriate comments to teachers

poor attitude

responds adversely to praise or recognition

won't share

rejects others' attempts to be friendly

withdrawn

inappropriate comments to peers

avoids others

destroys school or others' property

makes unnecessary comments

avoids situations, responsibilities

doesn't follow school rules

reactions out of proportion to event

aggressive with staff

fights with other students

easily angered

won't take turns

provokes others

approval seeking

flat affect/absence of emotion

inappropriate behavior for the situation

behaves impulsively, without self control

extreme mood changes/swings

difficulty with accepting transitions or change

bizarre or irrelevant responses

self abuse/mutilation

- | | | |
|---|---|---|
| <input type="checkbox"/> is unpredictable | <input type="checkbox"/> crying for no apparent reason | |
| <input type="checkbox"/> is easily overexcited | <input type="checkbox"/> regression | |
| <input type="checkbox"/> unexplained rage/anger | <input type="checkbox"/> hallucinations/delusions | |
| <input type="checkbox"/> does not care for academic performance | <input type="checkbox"/> little motivation | <input type="checkbox"/> lethargy/low energy |
| <input type="checkbox"/> irritable/easily frustrated in efforts | <input type="checkbox"/> poor appetite | <input type="checkbox"/> insomnia/
Hypersomnia |
| <input type="checkbox"/> feelings of worthlessness | <input type="checkbox"/> self blame | <input type="checkbox"/> inappropriate
guilt |
| <input type="checkbox"/> does not express happiness, smile, laugh | <input type="checkbox"/> self critical | <input type="checkbox"/> depressed
appearance |
| <input type="checkbox"/> poor hygiene/lack of concern for personal appearance | | <input type="checkbox"/> excessive
anxiety |
| <input type="checkbox"/> makes complaints about being ill/sick | <input type="checkbox"/> becomes ill when presented with
academics | |
| <input type="checkbox"/> school phobia/fear of school | <input type="checkbox"/> intense disabling anxiety/fears | |
| <input type="checkbox"/> has nervous habits | <input type="checkbox"/> avoids participating in activities | |
| <input type="checkbox"/> other _____ | | |

H. Does the behavior, in your opinion, stem from:

- | | | |
|--|---|---|
| <input type="checkbox"/> cognitive/academic problems | <input type="checkbox"/> poor behavioral adaptation | <input type="checkbox"/> social-interpersonal
difficulties |
| <input type="checkbox"/> impulsivity/inattention | <input type="checkbox"/> oppositional defiance | <input type="checkbox"/> depression/emotional
difficulties |
| <input type="checkbox"/> anxiety | <input type="checkbox"/> environmental influences | |
| <input type="checkbox"/> other _____ | | |

II. Current Performance

A. What do you consider this child's strengths, abilities, skills in your classroom?

B. What do you suspect this student's ability level is? (*Based on the variety of skills that you see*)

- High Average Borderline

III. Attempts to resolve the problem (*Please list any additional that might not be listed*)

A. Academic

1. Peer or other tutoring
2. Shorter assignments
3. Alternative materials
4. Teacher aides/volunteers
5. Teaching to their strengths
6. Multisensory approach

Behavioral

1. Behavior modification
2. Functional behavioral
assessment/Behavior plan
3. Assertive discipline
4. Positive Behavior Supports
5. Change in teachers
6. Parent contact: how? _____

- 7. Help from consultant
- 8. After school tutoring

- 7. Help from consultant _____
- 8. Other _____

- 9. After school homework program
- 10. Other _____

B. Has the problem been discussed with parent(s)? Yes No

What was parent's response?

IV. What do you feel is needed for this student?

What else would you like to see happen?

V. In your opinion, does this student require special education services in order to progress in the general curriculum?

Teacher Signature: _____ Date: _____

STUDENT QUESTIONNAIRE

Student Name: _____ **Date:** _____ **Grade:** _____

Please complete this questionnaire by marking the box that best describes you. Please return in the envelope provided as soon as possible. Thanks!

Office Use Only		Usually yes	Usually no	Only sometimes
A	Once I start my work, I have a hard time finishing it without getting distracted.			
A	I rush through my work.			
A	I often think about other things when the teacher is talking.			
A	I forget to check over my work.			
A	I only pay attention well if I'm really interested in the activity or subject.			
A	I prefer to move around often while I'm working or listening.			
A	I often forget to do my homework because I'm thinking about other things.			
M	I have difficulty remembering math facts.			
M	A lot of times I forget what I'm supposed to do when I'm in the middle of an activity.			
M	I have trouble remembering what I learned last year.			
M	Even if I study for a long time, I have difficulty remembering information for tests.			
M	I understand information much better than I can memorize it.			
M	I have a hard time remembering people's names or faces.			
L	My teachers use a lot of words that are hard for me to understand.			
L	I have trouble expressing my ideas when the class is discussing something.			
L	I get mixed up when I am telling a story or explaining something.			
L	Even when I understand something, I have trouble explaining it to someone else.			
L	I have trouble understanding people sometimes because they talk too fast.			

L	I don't do very well on vocabulary tests.			
VS	I get confused about left and right.			
VS	I have trouble using maps, charts, or graphs.			
VS	I often forget how things look.			
A-7 (3 pages)				
VS	I mix up columns when I do math problems.			
VS	I get lost easily.			
VS	My papers aren't very well organized.			
TSO	When I tell a story, I get mixed up about what happened when.			
TSO	I have trouble getting places on time.			
TSO	I get mixed up about the order of things like months of the year, alphabetical order, and time schedules.			
TSO	It's hard for me to keep my notebook papers in the right order.			
HT	I have difficulty figuring out how things work or why they aren't working.			
HT	I often don't know what to do when I have a problem.			
HT	It's hard for me to understand new concepts or information.			
HT	Science is hard for me.			
HT	I have trouble with questions that start with "why" and "how."			
HT	I have a hard time predicting what will happen next in a story.			
SC	I have a hard time making friends.			
SC	Other kids hurt my feelings a lot.			
SC	It is hard for me to tell how people are feeling.			
SC	I don't feel comfortable talking to people I don't know well.			
VP	It is much harder for me to understand or remember when the teacher doesn't write things down or show me.			
AP	It is much harder for me to remember or understand when there is a lot of noise.			

There are some other things that are hard for me:

These are some things that I am pretty good at:

STUDENT QUESTIONNAIRE SCORING SHEET

Area of Concern	Tally (# marked "yes")	# possible	% (Tally divided by # possible)	Significance
Attention (A)		7		
Memory (M)		6		
Language (L)		6		
Visual-Spatial Ordering (VS)		6		
Temporal-Spatial Ordering (TSO)		4		
Higher Order Thinking (HT)		6		
Social Cognition (SC)		4		

Areas that have more than 50% of the items marked "yes" may be areas of significant difficulty that should be further evaluated.

Use MARESA MET form for OHI

Multidisciplinary Evaluation Team (MET) Checklist/Agenda

- 1. Required MET Membership in Attendance
(Team composition varies for suspected disability areas, but must comprise at least two people. Parents must be invited to participate.)
- 2. Purposes of the meeting/outcomes for the MET are stated. At a minimum the MET team is expected to develop recommendations in the following areas for the IEPT to consider.
 - (a) Program and service needs; and
 - (b) Special education eligibility (initial or on-going)
- 3. Describe and clarify areas of concern and reason(s) for referral as having a suspected disability.
- 4. Have members share evaluation data and discuss educational implications. Sources of information for the MET to consider in the evaluation process may include:
 - (a) Parent Input;
 - (b) Student Observation;
 - (c) General Education Teacher Evaluation and Report;
 - (d) Special Education Teacher/Teacher-Consultant Evaluation and Report;
 - (e) Evaluation of Diagnostic Staff; and
 - (f) Any other Input/Evaluation Data that is educationally relevant/required.
- 5. Consider each diagnostic assurance statement.
- 6. MET members consider whether special education programs and related services are required for the student to "progress in the general curriculum." The team must be assured that the suspected disability is not due to a lack of appropriate instruction in reading, math, or limited English proficiency. Using the questions and structure of the MET "cover sheet," the team discusses and develops a recommendation concerning special education eligibility and composes a present level of academic achievement and functional performance which could serve as a starting point for instruction.
- 7. MET selects a member to present report at IEPT meeting.

OHI: Criteria for Eligibility

Student Name _____ Birth Date _____ Date _____

	Nondisabled	Mild	Significant	Severe
Achievement Level	__ Academic performance at grade level	__ Academic achievement within range of nondisabled students.	__ Academic achievement below nondisabled peers.	__ Academic performance significantly below nondisabled peers.
Behavior Observations	__ Behavior within expected range.	__ Behavior somewhat more significant than peers.	__ Behavior moderately different from peers.*	__ Behavior significantly different from peers.*
Affect on the ability to access the general curriculum	__ Health impairment does not interfere with day-to-day functioning and learning.	__ Health impairment does not interfere with learning but there is a possibility of unusual episodes or crises.	__ Health impairment either presents frequent crisis or else so limits the child's opportunity to participate in activities that it interferes with learning.	__ Health impairment is so severe that special medical attention is regularly needed. The student's opportunity for activity is so limited that he/she may not be able to participate in a regular classroom.
Adverse effect on educational performance: social, emotional, academic, vocational	__ No interference with student's performance in education setting.	__ Minimal impact on the student's performance in educational setting.	__ Significantly interferes with student's performance in educational setting.	__ Seriously limits student's performance in educational setting.
Does the child require special education in order to make progress in the general curriculum?	__ Not eligible	__ Possibly; consider Section 504	If two or more are checked, special education eligibility may be considered; however, Special Education eligibility can only occur if the adverse impact on educational performance is moderate or severe.	

*Moderate to severe behavior observations are both considered to be significantly discrepant.

Have all of the general education interventions been exhausted? Yes No

Comments:

Section 504 vs. IDEA-2004

Section 504 is a federal civil rights law designed to protect the rights of individuals with disabilities in programs and activities that receive federal funds from the U.S. Department of Education. Section 504 requires recipients to provide to students with disabilities appropriate educational services designed to meet the individual needs of such students to the same extent as the needs of students without disabilities are met.

Section 504 is intended to establish a “level playing field” usually by eliminating barriers that exclude persons with disabilities.

To be qualified under section 504, a student must be determined to: 1) have a physical or mental impairment that substantially limits one or more major life activities; 2) have a record of such an impairment, or 3) be regarded as having such an impairment.

IDEA-2004 is a federal funding statute whose purpose is to provide financial aid to states in their efforts to ensure adequate and appropriate services for disabled children.

IDEA-2004 identifies specific categories of qualifying conditions. A student is only eligible to receive IDEA-2004 services if the multidisciplinary team determines that the student is disabled under one of the qualifying conditions and requires special education. “Appropriate education” means a program designed to provide “educational benefit.”

IDEA-2004 often requires the provision of programs and services in addition to those available to persons without disabilities. It requires a written and specific IEP document.

The definition of a disability under Section 504 is much broader than the definition under IDEA-2004. All IDEA-2004 students are also covered by Section 504, but not all Section 504 students are eligible for services under IDEA-2004.

Comparison of PI and OHI Eligibility

PHYSICAL IMPAIRMENT

Definition: a severe orthopedic impairment; brought about by congenital anomaly, disease, or other causes that adversely affects a child's educational performance.

OTHER HEALTH IMPAIRMENT

Definition: having limited strength, vitality or alertness that results in limited alertness with respect to the educational environment that is due to chronic or acute health problems which adversely affects a child's educational performance.

Examples of Impairments but not limited to:

Physical Impairments:

Other Health Impairments:

Amputation, limb deficiencies	Asthma
Anoxic Brain Injury	Attention Deficit Disorder (ADD)
Arthrogyposis	Attention Deficit Hyperactivity Disorder (ADHD)
Bone tuberculosis	Chromosomal disorder
Cerebral palsy	Cystic fibrosis
Congenital anomaly: i.e. clubfoot, hip dysplasia	Developmental coordination disorder (DCD)
Congenital myelitis	Diabetes
Down's Syndrome	Epilepsy
Juvenile rheumatoid arthritis	Fetal alcohol syndrome
Muscular dystrophy	Heart condition
Poliomyelitis	Hemophilia
Spina bifida	Lead poisoning
Spinal cord injuries; i.e. paraplegia	Leukemia
Spinal muscular atrophy	Nephritis
	Rheumatic fever
	Sickle cell anemia
	Tourette Syndrome

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