
Determining Special Education Eligibility - Other Health Impairment

Department of Education, Office of Special Education



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Introduction

This technical assistance document was written to provide parents, teachers, special education personnel, administrators, and other professionals with information on the identification and determination of eligibility for special education services for children with other health impairment.

This disability category has been defined by both federal and state regulations. A three- part eligibility requirement for a child to be identified as a child with other health impairment is as follows:

- Meet eligibility criteria (92 NAC 51.006);
- Documentation of adverse effect on educational performance; and
- Determination that a need for special education is evident.

State Definition

Other Health Impairment- To qualify for special education services in the category of other health impairment, the child must have: limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems which adversely affects the child's educational, or in the case of a child below age five, a child's developmental performance such as: asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, Tourette syndrome.

Section 1: MULTIDISCIPLINARY EVALUATION (MDT) CONSIDERATIONS

The Multidisciplinary Team (MDT) should include at least:

- The child's parent(s);
- For a school age child, the child's regular teacher(s) or a regular classroom teacher qualified to teach a child of that age;
 - For a child below age five, a teacher qualified to teach a child below age five;
- Special educator with knowledge of the child;
- A school district administrator or a designated representative; and
- At least one person qualified to conduct individual diagnostic examinations of children in their specific area of training (i.e., school psychologist, speech language pathologist, or other instructional specialist).

Section 2: GUIDELINES

In order for a child to be determined eligible as a child with other health impairment, the evaluation should include the analysis and documentation of:

- ▶ Whether or not the student has a chronic or acute health problem (this may be through medical documentation but can not be required unless made possible with public expense);
- ▶ Limited strength, vitality, or alertness due to a chronic or acute health impairment or heightened alertness to environmental stimuli; and
- ▶ The child's adversely affected development or educational performance.

There are students with medical issues in every eligibility category - not all health conditions fall within OHI. For example, a student with Down syndrome often has an impairment in the area of cognition and, thus, may be identified as having an intellectual disability. If that student with Down syndrome did not meet the criteria for the eligibility category of intellectual disability and had a heart condition, the child might be eligible for OHI if the condition prevented the child from achieving educational benefit from general education alone due to limited strength, vitality, or alertness. Chemical or alcohol dependency alone should not be sufficient basis for eligibility of other health impairment.

Children with other health impairment represent a heterogeneous group. A child may not be verified with an other health impairment based solely on a medical disability.

Educational evaluation and assessments should include a combination of:

- Medical assessments, including medications
- History of developmental milestones
- Parent interviews/rating scales
- Individual achievement testing
- Classroom assessment data
- Norm-referenced testing data
- Criterion-referenced assessments
- District-wide assessments
- Curriculum-based assessments
- Observation and analysis of behavior
- Teacher anecdotal records
- Analysis of academic performance of social/emotional performance

Parent involvement in the assessment process is of utmost importance.

SECTION 3: PROCEDURES TO DETERMINE ADVERSE EFFECT DEVELOPMENT/EDUCATIONAL PERFORMANCE

FACTORS TO CONSIDER

Many factors must be considered in determining if other health impairment is causing, or can be expected to produce, significant delays in the child's development or educational performance. The factors include, but are not limited to:

- ▶ Reports from physician(s) pertaining to the medical/health condition of the child including medications
- ▶ Type, degree, and severity of medical/health impairment
- ▶ Cause of the impairment (if known)
- ▶ Nature/status of the impairment (permanent, temporary, progressive)
- ▶ Age of child when impairment initially occurred
- ▶ Current age
- ▶ Inability to complete tasks due to fatigue and/or lack of energy
- ▶ Inability to perform and/or participate in activities due to acute flare-ups of disease process
- ▶ History of modifications and/or accommodations used
- ▶ History of interventions and response
- ▶ Medical history, including medications
- ▶ Relevant family history
- ▶ Current educational placement
- ▶ Current levels of performance
- ▶ State and District-wide Assessment
- ▶ Vocational/postsecondary transition needs

This list is not exhaustive. Examination of each of these factors may lead to additional factors to consider. Psychologists, teachers of children with other health impairment and appropriate related services staff are the primary professionals who can determine how these factors may impact the child. Parents, medical professionals, teachers, and the child him/herself can also provide information important in determining the impact of the medical/health impairment.

In addition to the medical and health conditions, the MDT must determine whether the adverse effects on educational performance are primarily a result of the medical/health impairment. When concomitant learning or developmental needs exist, the team must determine which condition is the primary cause of the need.

In all cases, when making a determination of the adverse effects of the other health impairment, the team should consider the child’s age and his/her current educational difficulties.

The following questions are to guide documentation and determination of whether the disability has an adverse effect on the child’s developmental/educational performance:

Expressive or receptive language development	<p>Vocabulary</p> <p>Does the child comprehend and use vocabulary appropriate for his/her age/grade level?</p> <ul style="list-style-type: none"> • General vocabulary? • Content specific vocabulary? • Figurative language? • Expressive language?
	<p>Functional Language</p> <p>Can the child express one-step, two-step directions?</p> <p>Can the child tel a story?</p> <p>Does the child understand and use narrative discourse?</p> <p>Can the child ask questions to get his/her needs met?</p> <p>Can the child follow simple commands?</p> <p>Can the child answer basic questions?</p>

	<p>Academic Language</p> <p>Does the child understand and use language with embedded concepts?</p> <p>Does the child understand and use the language of directions (describe, explain, compare, etc.)?</p> <p>Can the child follow multiple step directions?</p> <p>Does the child understand and use expository text structures?</p>
<p>Speech reception or production</p>	<p>Reception</p> <p>Phonemic/phonological awareness</p> <p>Does the child have the ability to process individual sounds?</p>
	<p>Production/Articulation</p> <p>Does the child use speech that is intelligible to an unfamiliar listener?</p> <p>Does the child use appropriate prosodic features in:</p> <ul style="list-style-type: none"> • Inflection? • Rate? • Pitch • Fluency? <p>Does the child have oral motor problems?</p> <p>Is the child's speech production age appropriate?</p>
	<p>Pre-academic</p> <p>Is the child meeting age appropriate milestones?</p>

Academic or Vocational Performance	<p>Academic</p> <p>Does the child meet district standards (outcomes) for his/her grade level?</p> <p>Does the child's progress reflect his/her ability levels?</p>
	<p>Reading</p> <p>Does the child have the perceptual, conceptual, and linguistic base to support the reading process?</p> <p>Can the child interpret meaning from print (pictures, words)?</p> <p>Can the child decode printed materials accurately and fluently?</p> <p>Can the child use contextual cues to help him/her understand passages?</p> <p>Can the child interpret literature?</p> <p>Can the child identify the components of a variety of literary genre?</p> <p>Can the child answer basic questions about a passage?</p> <p>Can the child apply reading skills to acquire information from print?</p>

Math

Does the child understand mathematical concepts and processes?

Does the child understand concept of numbers?

Does the child understand mathematical language?

Does the child understand mathematical reasoning?

Does the child understand mathematical relationships?

Can the child apply the fundamentals of math to everyday life?

Can the child organize and interpret graph representations of data (charts, bar graphs, pre-graphs, etc.)?

Does the child understand patterns that describe mathematical relationships?

Written Language- consider the child's skills in:

- Idea development
- Organization
- Word choice
- Voice
- Sentence fluency
- Conventions

Vocational

Does the child have the skills required to obtain and maintain employment?

Can the child advocate for him/herself?

Social or Emotional Competence	<p>Independent/Self Advocacy Skills</p> <p>Can the child function independently in social situations?</p> <p>Does the child communicate to get their educational needs met?</p> <ul style="list-style-type: none"> • Will he/she ask for clarification when needed? <p>Does the child accept responsibility for his/her own actions?</p>
	<p>Self-esteem</p> <p>Is the child's self-esteem affected by his/her physical disability?</p> <p>Does the child have appropriate self-confidence?</p> <p>Does the child have problem solving skills?</p> <p>Is the child assertive?</p> <p>Does the child have appropriate peer relationships?</p> <p>Is the child responsible and accountable for his/her own actions?</p>
Motor Development	<p>Gross Motor Skills</p> <p>What are the child's abilities in the following:</p> <ul style="list-style-type: none"> • Rolling over? • Crawling? • Standing? • Walking? • Running? • Jumping? • Balance? • Hopping? • Climbing?

	<p>Fine Motor Skills</p> <p>What are the child’s abilities in the following:</p> <ul style="list-style-type: none"> • Holding and eating with utensils? • Picking up and manipulation of small objects? • Holding and using a crayon? pencil? marker? • Copying with crayon or pencil or marker? • Cutting with scissors? • Folding paper? • Picking up small object from table or floor? • Transferring of objects between hands or from surfaces?
<p>Adaptive Skills</p>	<p>What is the child’s ability to take care of his/her daily and independent living skills?</p> <p>What is the child’s participation level in and use of community resources?</p> <p>What is the child’s ability to participate in work and work-related performance skills?</p> <p>What is the child’s ability to participate in recreation/leisure activities?</p>
<p>Attention and Focus Skills</p>	<p>Does the child focus on a particular task in which he/she is involved?</p> <p>Does the child complete a given assignment involving more than one direction?</p> <p>Does the child “stay with a task” until it’s completion?</p> <p>What is the child’s ability to continue on a task when there is distractibility in the environment, i.e., music, others talking, television?</p> <p>What is the child’s level of impulsivity?</p>

A child with an other health impairment may not meet all of the above listed criteria. However, these criteria/questions may serve as guidelines for determining first, if the child has a disability and secondly, does the child need special education services.

Section 4: RELATED DEFINITIONS

Acute – Severe and of short duration- describes a disease that is brief, severe, and quickly comes to a crisis. (Retrieved from Encarta World English Dictionary <http://encarta.msn.com> 06-06-06)

Adaptive Skill Areas – Daily living skills needed to function adequately in the community, consisting of: (1) communication, (2) self-care skills, (3) home living, (4) social skills, (5) leisure, (6) health and safety, (7) self-direction, (8) functional academics, (9) community use, and (10) work. (Norlin, 2003, p. 4)

Asthma – Chronic respiratory condition marked by episodes of breathing difficulty; identified as a health problem that could be an “other health impairment” for purposes of IDEA eligibility. (Norlin, 2003, p. 14)

Attention Deficit Disorder (ADD) – A mental disorder, the typical characteristics of which are: short attention span, distractive behavior, difficulty following directions, difficulty staying on task, and inability to focus behavior; frequently presents when the child attends school because it compromises many skills needed for academic success, including starting, following through with and completing tasks, moving from task to task and following directions; distinct from a learning disability and somewhat different from attention deficit hyperactivity disorder (ADHD). (Norlin, 2004, p. 15)

Attention Deficit Hyperactivity Disorder (ADHD) – A mental disorder, the typical characteristics of which are: short attention span; distractibility; impulsivity; flight of idea; poor organizational skills; social immaturity; variable performance; inflexibility; mood swings; poor short-term memory; excessive activity; fidgetiness and difficulty staying seated. Disorders that mimic ADHD include conduct disorder, learning disability, and manic-depression. (Norlin, 2003, p. 16)

Cerebellum – A division of the brain, in the back part above the neck, that is responsible for integrating movements. (Norlin, 2003, p. 33)

Chronic Illnesses in Children – Most common are cystic fibrosis, diabetes, epilepsy, leukemia, juvenile rheumatoid arthritis, muscular dystrophy, and sickle cell anemia; may result in eligibility under Part B on the basis of having an “other health impairment,” provided the disability results in a need for special education. (Norlin, 2003, p. 37)

Congenital Anomaly – An irregularity (anomaly) that is present at birth; might or might not be due to genetic factors. (Hallahan and Kauffman, 2006, p. 532)

Criterion-referenced Testing – An assessment, wherein an individual’s performance is compared to a goal or standard of mastery; differs from norm-referenced testing wherein an individual’s performance is compared to the performance of others. (Hallahan and Kauffman, 2006, p. 533)

Curriculum-based Assessment (CBA) – A formative evaluation method designed to evaluate performance in the particular curriculum to which students are exposed; usually involves giving students a small sample of items from the curriculum in use in their schools; proponents argue that CBA is preferable to comparing students with national norms or using tests that do not reflect the curriculum content learned by students. (Hallahan and Kauffman, 2006, p. 533)

Cystic Fibrosis – Common hereditary childhood disease affecting most organs and body functions; generally does not affect intellectual functioning but is increasingly debilitating and may be considered an “other health impairment” under the IDEA. (Norlin, 2003, p. 51)

Diabetes – A metabolic disorder relating to a failure to secrete sufficient amounts of insulin or to properly absorb insulin; in more severe cases can result in water and electrolyte loss; may be an “other health impairment” under the IDEA and may entitle the student to school health services under either the IDEA or Section 504. (Norlin, 2003, p. 59)

Distractibility – Generally, a child’s attention to or interest in things other than what he or she should be concentrating on, responsiveness to irrelevant stimulation, high distractibility, a characteristic of attention-deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD). (Norlin, 2003, p. 64)

Epilepsy – Common neurological disease characterized by brief recurrent seizures; resulting loss of consciousness presents a safety hazard in a school environment. (Norlin, 2003, p. 77)

Executive Functions – The ability to regulate one’s behavior through working memory, inner speech, control of emotions and arousal levels, and analysis of problems and communication of problem solutions to others; delayed or impaired in people with ADHD. (Hallahan and Kauffman, 2006, p. 534)

Fetal Alcohol Syndromes (FAS) – Abnormalities associated with the mother’s drinking alcohol during pregnancy; defects range from mild to severe, including growth retardation, brain damage, mental retardation, hyperactivity, anomalies of the face, and health failure; also called alcohol embryopathy. (Hallahan and Kauffman, 2006, p. 534)

Frontal Lobes – Two lobes located in the front of the brain; responsible for executive functions; site of abnormal development in people with ADHD. (Hallahan and Kauffman, 2006, p. 534)

Generalization – Ability to apply a skill or behavior learned in one setting to another setting or ability to apply a learned skill or behavior in similar situations. (Norlin, 2003, p. 91)

Hemophilia – An inherited deficiency in blood-clotting ability, which can cause serious internal bleeding. (Heward, 2003, p. 614)

Impulsivity – An approach to problem-solving associated with attention deficit hyperactivity disorder (ADHD); responding abruptly without consideration of consequences or alternatives. (Norlin, 2003, p. 109)

Juvenile-rheumatoid Arthritis (JRA) – A chronic form of arthritis consisting of inflammation of the joints, resulting in stiffness and muscle pain. (Norlin, 2003, p. 122)

Leukemia – A type of cancer in which white blood cells displace normal blood. This leads to infection, shortage of red blood cells (anemia), bleeding, and other disorders, and often proves fatal. (Retrieved from Encarta World English Dictionary <http://encarta.msn.com> 06-01-06)

Metacognition – One’s understanding of the strategies available for learning a task and the regulatory mechanisms needed to complete the task. (Hallahan and Kauffman, 2006, p. 537)

Muscular Dystrophy (MD) – A hereditary disease for which there is no cure in which muscle tissue is replaced by fatty tissue, resulting in weakness and wasting away of muscle tissues; progressive deterioration of functioning and a loss of vitality. (Norlin, 2003, p. 150)

Nephritis – Severe inflammation of the kidney, caused by infection, degenerative disease, or disease of the blood vessels. (Encarta World English Dictionary <http://encarta.msn.com>)

Neuromotor Impairment – Condition involving the nerves, muscles, and motor functioning. (Retrieved from <http://iris.peadbody.vanderbilt.edu> 05/20/06)

Normal Curve – In connection with a standardized test, the typical distribution of how scores deviate from the mean. Also called a bell curve or bell-shaped curve. (Norlin, 2003, p. 156)

Normalization – A philosophical belief in special education that every individual, even the most disabled, should have an educational and living environment as close to normal as possible. (Hallahan and Kauffman, 2006, p. 537)

Norm-referenced Test (NRT) – Comparison of one student’s performance, as measured by the test score, with the performance of the norm allowing fine distinctions among students and identification of where a student stands in relation to that group; typically developed by commercial test companies. (Norlin, 2003, p. 157)

Rheumatic Fever – A disease largely affecting children and young adults involving acute episodes of fever and inflammation and swelling of the tissues around joints and also heart valves; identified as a health problem that could be an “other health impairment” for purposes of IDEA eligibility. (Norlin, 2003, p. 203)

Short-term Memory – The ability to recall information after a short period of time. (Hallahan and Kauffman, 2006, p. 540)

Sickle Cell Anemia – A genetic blood disorder, generally prevalent among African-Americans, that causes low vitality and pain; identified as a condition that may result in IDEA eligibility under the category of “other health impairment”. (Norlin, 2003, p. 215)

Toxins – Poisons in the environment that can cause fetal malformations; can result in cognitive impairments. (Hallahan and Kauffman, 2006, p. 541)

Section 5: FREQUENTLY ASKED QUESTIONS

1. Several types of medical/health conditions are listed in the federal and state definitions for other health impairment. Are these the only medical disabilities that can be considered for eligibility of other health impairment?

No. These are only examples of medical conditions that may be verified as other health impairment. A child with any type of medical/health disability may verify as having other health impairment if he/she meets the two-pronged eligibility guideline listed in this document (1. a medical/health disability, and 2. its adverse effect on development or educational performance).

2. Would a medical/health disability that may not result in a permanent disability such as asthma, teenage pregnancy difficulties, or after-surgery difficulty be considered a other health impairment for educational purposes?

It depends. Usually a child who has a temporary medical or health disability will qualify under Section 504 for modifications and/or accommodations within the school setting during the recovery/recuperation period. However, if the child who has a temporary medical or health disability experiences adverse effects on educational performance, the child may be referred for evaluation for an other health impairment. The Multidisciplinary Evaluation Team (MDT) then makes the eligibility decision.

3. Is a medical report required as a part of the eligibility process for the disability classification Other Health Impairment?

No. A report from a physician describing the medical condition and its implications is not required.

4. Is the school required to pay for the medical evaluation?

It depends. In many cases, a medical evaluation will already have been completed and the physician will send a report to the MDT with the parent's written permission. In other situations, the school may have a team of professionals, i.e., physician, occupational therapist, physical therapist who conduct evaluations as a part of the MDT process. This team will conduct the evaluation and write the report. If neither of these situations exists, then the school could be responsible for the evaluation.

5. How severe must the physical disability be for the child to be eligible as a child with an orthopedic impairment?

The severity of the physical disability will be documented in a written report from a physician. However, there must be documentation of an adverse effect on the development or educational performance of the child in order for the child to be eligible as having an other health impairment.

6. Can a child meet the guidelines for having an other health impairment if he/she is doing well academically in his/her classes?

Yes. Because the assessment for achievement includes not only academic achievement, but also social/interpersonal skills, adaptive skills, speech/language skills, and any skills considered a part of that child's achievement.

7. Can a child meet the guidelines for an other health impairment if the child has compensated for the medical disability by using medication, behavior management strategies, etc.?

It depends. The eligibility of other health impairment is a two-pronged Process including both the medical condition and achievement. If the child has compensated for the medical disability through medications, behavior management strategies, etc., yet there is an adverse effect on the educational performance of the child, then the child could certainly be eligible as a child with an other health impairment.

8. Can a child who has been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) or Attention Deficit Disorder (ADD) be eligible as having an other health impairment?

Yes. ADHD and ADD are both a part of the federal and state definitions for other health impairment. However, the child must meet the two-pronged eligibility guidelines. The child must be diagnosed with a medical condition (ADHD/ADD) and must experience an adverse effect on educational performance/development due to the ADHD/ADD condition.

SECTION 6: RESOURCES AND REFERENCES

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WEB SITES

ADHD.com The Online Community www.adhd.com

Alliance for Technology Access www.ataccess.org

American Academy of Pediatrics www.aap.org

American Cancer Society <http://www.cancer.org>

American Diabetes Association www.diabetes.org

Arthritis Foundation www.arthritis.org

Asthma and Allergy Foundation of American (AAFA) www.aaafa.org

Attention Deficit Disorder Association www.add.org

Children and Adults with Attention Deficit/Hyperactivity Disorder (CHADD)
www.chadd.org

Council of Exceptional Children (CEC) www.cec.sped.org

Easter Seals Organization www.easter-seals.org

Education Resources Information Center (ERIC) www.ed.gov/EdFed/ERIC.htm

Epilepsy Education Association www.iupui.edu

Epilepsy Foundation www.efa.org

Exceptional Parent www.eparents.com

Guide to Disability Resources on the Internet www.disabilityresources.org

March of Dimes Birth Defects www.marchofdimes.com

National Attention Deficit Disorder Association (ADDA) www.add.org

National Cystic Fibrosis Foundation www.cff.org

National Dissemination Center for Children with Disabilities (NICHCY) www.nichcy.org

National Multiple Sclerosis Society (NMSS) www.nmss.org

National Organization on Disability www.nod.org

National Rehabilitation Information Center (NARIC) www.NARIC.com