

**GUIDELINES TO DETERMINE
THE EXISTENCE OF
OTHER HEALTH IMPAIRMENT
(OHI)
2020**

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Introduction

The Livingston Educational Service Agency's mission is to Promote a Culture of Educational Excellence for Livingston County through Service, Leadership and Collaboration. This document reflects the effort of Agency staff members, including both special education administration and LIPSA staff. These individuals worked tirelessly to examine state and federal law, policies, case law, literature, best practices, and issues facing the identification of students under the category of an Otherwise Health Impairment (OHI). The team also relied on OHI guidelines established by our colleagues at Kent Intermediate School District, Lapeer County Intermediate School District and Washtenaw Intermediate School District.

Ultimately, the goal of this committee was to create a set of procedures that would aid staff in the determination of special education eligibility under the category of Otherwise Health Impairment (OHI) with fidelity and consistency. Legal mandates dictate and best practice supports the use of pre-referral interventions before considering student eligibility as OHI. These guidelines establish the set of best practices around OHI educational eligibility to which our multidisciplinary evaluation teams will be held accountable.

SECTION 1:

THE INTERVENTION

PROCESS

Intervention Process

Following this process helps to ensure that students are educated in the least restrictive environment as required by Act 451 of 1976 and the Individuals with Disabilities Education Act of 2004 (IDEA 2004), and it reduces the frequency of inappropriate referrals for special education. It is important that appropriate comprehensive educational interventions have been implemented and documented prior to referring a student for special education services.

The intervention process is most effectively conducted by a team composed of general and special educators and related services staff. Depending on the student's age and building/district, students are often referred to what might be called a "child study team," an "Instructional Consultation (IC) Team," or another team with a similar function. Regardless of the name, these teams all engage in problem solving around the student. They work collaboratively to utilize evidence-based interventions that are implemented with fidelity and progress monitored over a sufficient period of time. Information generated during the implementation of this process provides a source of information for the IEP team to use in determining if special education services are necessary for an individual student.

It is appropriate for all individuals working with the student to be involved in the documentation of his/her classroom performance and the educational alternatives utilized to increase his/her ability to function in general education and/or with typically developing peers. Members of a student's team vary by district and building, but generally include diagnostic staff. This support will help the problem-solving team in determining whether there is reason to suspect that the student might have an other health impairment, what early intervention strategies might be attempted, what data will be collected and reviewed, and finally, whether a referral for a special education evaluation is appropriate. The decision to evaluate for a disability must be made with supporting evidence (i.e. data) which documents multiple interventions provided over an extended period of time (at least 45 school days). While teams may implement a 504 plan to meet a student's needs, it is not required before evaluating for an other health impairment.

SECTION 2:

What is Other Health Impairment (OHI)?

Components of Other Health Impairment Rule

Federal Regulation and Michigan Rule Federal Regulation from IDEA-2004 § 300.8

The terms used in this definition of a child with a disability are defined as follows:

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

(i) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and

(ii) Adversely affects a child's educational performance. Michigan Rules R 340.1709a "Other health impairment" defined; determination.

RULE 9a

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

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

- (i) Asthma.
- (ii) Attention deficit disorder.
- (iii) Attention deficit hyperactivity disorder.
- (iv) Diabetes.
- (v) Epilepsy.
- (vi) A heart condition.
- (vii) Hemophilia.
- (viii) Lead poisoning.
- (ix) Leukemia.
- (x) Nephritis.
- (xi) Rheumatic fever.
- (xii) Sickle cell anemia.

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

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

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

Primary Components for Other Health Impairment Determination

The following are the three primary components for determination of an other health impairment that must be considered by the IEP team:

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

Clarification of Terminology within the Michigan Eligibility Criteria

1. One of the conditions must apply; however, more than one area of manifestation may exist. There is no official definition of these terms at the state or federal level.

The following definitions help to clarify these conditions:

Strength – Bodily or muscular power, vigor, related to decreased capacity to perform school activities, tires easily, chronic absenteeism related to the health problem. Limited strength may manifest in: physical tolerance and/or limitations. For instance: Can the student sit or stand as required by school activities? Does the student require frequent rest breaks?

Vitality – Physical and mental strength, capacity for endurance, energy, animation, activity. Limited vitality may manifest in decreased focus on tasks, decreased endurance, lethargy, decreased tolerance. For instance: The student may have the strength to sit up, but do they have the energy to complete the task at hand?

Alertness – Attentiveness, awareness, observant, watchful, on guard, ready. Limited alertness may manifest in: time on task, concentration, distractedness, ability to follow directions or rules, memory, impulsivity. For instance: Is the student aware of surroundings and the activities going on? Does the student have the mental acuity to participate in the lesson or activity?

2. Chronic or acute health problem -- There is not a specific length of time for the health problem to be present or to continue. Students with chronic health problems may need intermittent services, especially if their illness is cyclical or may recur, necessitating additional treatment. If it can be determined whether the health problem is chronic or acute, it may be helpful for educational planning.

Chronic – Long-Term and either not curable or there are residual features resulting in limitations of daily living functions requiring special assistance or adaptations of the disease or disorder develops slowly and persists for a long period of time, often the remainder of the life span. This may include degenerative or deteriorating conditions.

Acute -- Begins abruptly and with marked intensity, then subsides or has a rapid onset, severe symptoms, and a short cause, sequelae may be short-term or persistent. Sequelae – a condition or abnormality as a result of, or following a disease, injury or treatment; a negative after-effect.

3. Adversely affecting a child's educational performance – A health problem adversely affects educational performance, such as achievement, behavior, or success in the curriculum is significantly different relative to peers, or so severe that special medical attention is regularly

needed. Factors to consider may include: frequent hospitalization, specialized health care procedures, or medications that significantly affect learning. A child whose health problem does not significantly interfere with day-to-day functioning within the educational setting would not be eligible for special education services. While some degree of subjectivity is inherent in the diagnostic process, the OHI Data Collection worksheet is intended to serve as a tool when considering the severity of the impairment.

An Other Health Impairment <i>IS</i>...	An Other Health Impairment <i>IS NOT</i>...
A disability due to an identified health problem with symptoms that have a moderate to severe impact on a student's educational performance.	An identified health problem with symptoms that have a mild impact and can be addressed through accommodations in order to provide access.
An eligibility category which requires a full and individual evaluation by an IEP team.	A default category for students who do not meet eligibility criteria in other areas or a way to avoid difficult discussions about eligibility labels.
A chronic or acute health problem that has a direct causal relationship to a student's inability to access the general education curriculum.	An eligibility category used when there is no causal link between the lack of educational progress and the identified health problem.
A health problem that results in limited strength, vitality, or alertness and has an adverse impact on the student's educational performance.	Primarily due to emotional/behavioral concerns.
A health problem, which results in excessive absences for medical treatment, and interferes with the student's ability to maintain satisfactory academic progress.	A lack of progress due to excessive absences that are not directly related to the student's identified health problem.
A health problem, which causes fatigue or a level of pain that interferes with the student's ability to remain on task and sustain effort at a level comparable to peers.	An eligibility category used if the student's academic/developmental progress is at a level comparable to peers.
A health problem, which requires specialized treatments during the school day and interferes with the student's ability to maintain academic progress at a level that is comparable to their peers.	An eligibility category used when the presenting problem manifests as significant cognitive, motor, or behavior concerns that may lead the team to consider other eligibility categories.
A level of distractibility or impulsivity that interferes with a student's ability to attend to classroom instruction, start/complete work, remain on task, or organize their materials at a level comparable to their peers.	A lack of progress attributable to concerns not directly linked to the health problem.

SECTION 3:

THE EVALUATION PROCESS FOR OTHER HEALTH IMPAIRMENT

Evaluation Process

Elements of the Evaluation Process

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

Review of Existing Data and Determining the Need for Additional Data for Eligibility Determination and/or Intervention Planning

A comprehensive evaluation starts with a Review of Existing Evaluation Data (REED) and evaluation plan. When signing a REED for a student, the team must consider all areas of need for the student. The team may evaluate for more than one area of eligibility.

When planning the REED meeting, there may be more than one area or a multitude of areas of concern. Ensure that you are inviting any team member that may contribute to the data collection or evaluation plan of the student's identified needs (ex: SSW, SLP, etc.). Bringing additional staff into the process after the REED is signed should be an *exception*. Having conversations in advance of the REED, may help in knowing who should attend and provide input.

Consideration of Outside Evaluation Reports

Michigan eligibility criteria for OHI requires that a child has medical documentation of a health problem from a physician or physician's assistant within one year of the evaluation report for initial eligibility. This input must be specifically documented as part of the evaluation process. An OHI input form for documentation of physician input is included in the Appendix. A medical diagnosis is required however, it is not sufficient for eligibility. While the team must take into consideration information, diagnoses, and recommendations presented in reports from outside agencies, and third party evaluations and recommendations are excellent sources of information, IEP teams are not required to make eligibility determinations or implement strategies based upon these reports. Special education eligibility is an educational versus medical/clinical decision and IEP teams must adhere to the federal regulations and state rules regarding OHI.

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

Assess Functional Impact of Suspected Health Impairment on Educational Performance

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

A data-based assessment of the student's educational performance is required. Depending on the specific health problem, the data should include information regarding: work completion and production, grades, attendance, academic skills, interpersonal skills, study skills, and classroom engagement. The data analysis will reveal the extent that the medical condition adversely impacts a student's strength, vitality or alertness, including a heightened alertness to environmental stimuli which results in limited alertness with respect to the educational environment and educational performance or access to the general education curriculum.

Systematic Observations

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

Information from Parents

Input may include a developmental history, relevant medical information, and information relating to the child's social, emotional, and educational progress.

Redetermination of Eligibility

A review of eligibility is required every 3 years. A redetermination of eligibility may be conducted at an earlier date if the student's medical condition appears to no longer impact educational performance to the extent that special education services and programs are needed. Based on the Review of Existing Evaluation Data (REED), the special education team will decide if OHI eligibility is in question and if updated information is needed to re-determine eligibility or for educational planning purposes.

An updated physician statement may or may not be needed for the purposes of redetermination based on the REED. An updated statement is **optional** if eligibility is not in question and the REED indicates that:

1. No additional data is needed
2. Data is needed to assess the student's level of academic achievement/developmental needs
3. Data is needed to determine whether any additions or modifications to special education or related services are needed

An updated physician statement is **required** if eligibility is in question and the REED indicates that updated assessments are needed to determine:

1. Whether the child continues to have a disability
2. Whether the student needs or continues to need special education and related services

Eligibility should be in question if...	Eligibility may not be in question if...
The medical condition has stabilized to the extent the student may no longer need special education support related to his/her medical condition.	There appears to be no change in the medical condition and the IEP team has data to support the need for continued special education services.
The medical condition is appropriately managed by prescribed medication and prescribed treatment and the student's school performance has improved, or if updated diagnostic information is needed from the physician.	Updated information is not necessary to determine the impact the medical condition is having on school performance.
The student is regularly attending school and is progressing in the area of academics, as well as participating (socially, behaviorally, and	The student continues to demonstrate a lack of meaningful and productive participation in school and/or demonstrates

physically) at the same rate as his/her general education peers.	reduced efficiency in school work as it relates to the identified health problem.
The student may be better described by another eligibility category.	No other eligibility category needs to be considered.

Exclusionary Factors

Additional Considerations:

Assessment of the student should include consideration of the student's:

- Age/developmental level
- Cultural background
- Education/school environment
- Parents'/guardians' value system
- Drug or alcohol use/abuse
- Specific settings in which the behavior occurs

Differences among students of diverse cultures, environments, and economic status are to be expected. The impact of these differences must be considered. If the culture, environment, or economic status is the sole determinant of the student's needs, the student may not be identified as having an impairment.

34CFR-300.306(b) (1) Federal regulations under the Individuals with Disabilities Act (IDEA) of 2004, address the following exclusionary factors.

(a) A child may not be determined eligible under this part if—

(b) The determinant factor for that eligibility determination is—

- (1) Lack of appropriate instruction in reading, including the essential components of reading instruction;
- (2) Lack of appropriate instruction in math;
- (3) Limited English Proficiency, (LEP).

Information should be gathered regarding the following:

- Verify the adequacy of instruction in reading and math
- Continued absenteeism or truancy, which significantly interferes with the student's academic and social progress
- A history of frequent school changes may indicate sufficient reason for integration and adaptation problems for the student (Stowitschek et al, 1998)
- Appropriate instructional and intervention strategies must be implemented in general education (Curtis, Curtis and Graden, 1988)
- Special education eligibility should not be considered without documented evidence of strategies and their effectiveness (Batsche, et al, 2005)
- Poor school performance due solely to the lack of student motivation or interest in school may not be indicative of an impairment
- Mood, behavior, or academic problems related solely to drug/alcohol use and/or abuse may not be indicative of an impairment
- A student, whose primary or home language is other than English, must be assessed to determine the extent of his/her English proficiency
- A student with Limited English Proficiency (LEP) must not be considered eligible for special education programs and services based solely on his/her English language skills

References

Kent Intermediate School District. (June 2016) Other Health Impairment Eligibility Guidelines

Lapeer County Intermediate School District (August 2012) Guidance for the Determination of Other Health Impairment

Michigan Department of Education Office of Special Education. (2018). Michigan Administrative Rules for Special Education (MARSE) With Related IDEA Federal Regulations

Washtenaw Intermediate School District. (June 2015) Other Health Impairment Guidelines

SECTION 4:

FAQ

Frequently Asked Questions

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

Possibly. If the document demonstrates physician input and is signed, this is sufficient. If the physician/physician's office provides a generic student record or document that does not include specific input, it is not sufficient. The report may be used when it is dated within one year of the IEP. The actual Physician's signature is not required on the REED or MET. The MET team will write in the Physician's name on the MET participant signature block.

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

An updated physician statement **is required** if eligibility is in question and the REED indicates that updated assessments are needed to determine:

Whether the child continues to have a disability

Whether the student needs or continues to need special education and related services

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

No. A medical diagnosis of any type does not automatically qualify a student for special education. In all cases, a documented link between the student's health problem and an adverse impact on educational performance is required.

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

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

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

No. As with any medical diagnosis, the presence of the condition is not sufficient by itself to meet the criteria of eligibility. In many cases, no supports beyond general education interventions are needed to assure success for the student. In some cases, the school-based team may consider eligibility under Section 504. It is important to note that a medical diagnosis alone does not ensure the need for a 504 Accommodation Plan.

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

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

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

Yes. School Personnel must have informed consent to request and share student health information with a student's physician or other health-care providers (including nurse practitioners, dentists, psychologists, and physical therapists). School Personnel will submit a signed release of information that includes the School District to the health-care provider in order to allow the exchange of information with school staff.

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

8. Is it possible for a student to have a medical diagnosis and not be eligible for special education because the student is able to benefit from instruction in general education without special education programs and services?

Yes. While the presence or absence of a medical diagnosis is the domain of a physician, Other Health Impaired is an educational disability and the determination of educational impact and need for special education programs and services are made by the IEP team.

School personnel need to become familiar with the features of the diagnosed health condition so that they are able to recognize the symptoms and effects in the educational environment. Ideally, the Physician's letter not only lists the diagnosed health problem, but prompts whether the condition affects strength, vitality and/or alertness and how such impact manifests itself. School personnel should seek clarification of the disorder and possible impacts if they are uncertain.



OHI GUIDELINES APPENDICES:

A: OHI Data Collection Worksheet (Impact Chart Information)

B: Observation of Behavior Worksheet

C: OHI Systematic Interview/Observation Worksheet

D: Accommodation Consideration Checklist

E: Physician's Letter

Appendix A:

OHI DATA COLLECTION WORKSHEET							
STUDENT INFORMATION							
Name:		DOB:		Sex:		Current Grade:	
Building:		Diagnosed Chronic or Acute Health Impairment:					

DATA SOURCE	NO IMPACT	LOW IMPACT	MODERATE IMPACT	SEVERE IMPACT
Academic Achievement: Progress Monitoring, CBM or Criterion Referenced Measurement	<input type="checkbox"/> 0 points below aim line or goal achieved <input type="checkbox"/> 30 th percentile or greater <input type="checkbox"/> Criterion referenced meeting grade-level expectation	<input type="checkbox"/> 1-2 points below aim line or significant progress toward goal <input type="checkbox"/> 10-30 th percentile <input type="checkbox"/> Criterion referenced less than 1 year below grade level	<input type="checkbox"/> 3-5 points below aim line plus 1 intervention <input type="checkbox"/> 6-9 th percentile <input type="checkbox"/> Criterion referenced 1-1.5 years below grade level	<input type="checkbox"/> 6 points below aim line plus 2 or more interventions <input type="checkbox"/> At or below 5 th percentile <input type="checkbox"/> Criterion referenced 2 or more years below grade level
Academic Achievement: M-STEP, NWEA, PSAT/SAT	<input type="checkbox"/> MSTEP Level 4 Proficiency (Advanced) <input type="checkbox"/> 30 th percentile or greater	<input type="checkbox"/> MSTEP Level 3 Proficiency (Proficient) <input type="checkbox"/> 10-30 th percentile	<input type="checkbox"/> MSTEP Level 2 Proficiency (Partially Proficient) <input type="checkbox"/> 6-9 th percentile	<input type="checkbox"/> MSTEP Level 1 Proficiency (Not Proficient) <input type="checkbox"/> At or below 5 th percentile
Academic Achievement: Norm Referenced	<input type="checkbox"/> SS of 92 or above	<input type="checkbox"/> SS between 81-91	<input type="checkbox"/> SS between 77-80	<input type="checkbox"/> SS of 76 or less
Academic Performance: Report Card Grades	<input type="checkbox"/> ALL report grades are A, B, C, or Secure	<input type="checkbox"/> Passing all classes with grades of A, B, C, D, or Developing	<input type="checkbox"/> Passing some classes but one or more E or Needs Improvement	<input type="checkbox"/> Mostly D, E, Needs Improvement, or Unsatisfactory
Cognitive Assessment	<input type="checkbox"/> SS of 92 or above	<input type="checkbox"/> Any Index SS between 81-91	<input type="checkbox"/> Any Index SS between 77-80	<input type="checkbox"/> Any Index SS of 76 or less

Teacher Standardized Behavior Checklists (e.g., Conners, CAB, BASC-3, ADDES-3, etc.)	<input type="checkbox"/> Scores are within normal limits in ALL settings	<input type="checkbox"/> Scores are within normal limits in most settings	<input type="checkbox"/> Any Index in the At-Risk/Elevated Range in most/all settings	<input type="checkbox"/> Any Index in the Clinically Significant/Very Elevated range in most/all settings, in area related to student's medical diagnosis
Adaptive Behavior (e.g. Vineland-II, ABAS-2)	<input type="checkbox"/> SS of 92 or above	<input type="checkbox"/> SS between 81-91	<input type="checkbox"/> SS between 77-80	<input type="checkbox"/> SS of 76 or less
Multiple Structured Classroom Observations related to strength, vitality and/or alertness	<input type="checkbox"/> Similar to same gender classmates in target behavior.	<input type="checkbox"/> Mildly different (may be periodic) from same gender classmates in target behavior.	<input type="checkbox"/> 15% or more below same gender classmates in 2 or more observations	
Documented Office Disciplinary Log	<input type="checkbox"/> No office referrals	<input type="checkbox"/> 0-1 minor office referrals due to limited strength, vitality or alertness.	<input type="checkbox"/> 2-4 minor office referrals and/or 1 suspension from school due to limited strength, vitality or alertness.	<input type="checkbox"/> 5 or more minor office referrals and/or 2 or more suspensions from school due to limited strength, vitality or alertness.
Attendance Log	<input type="checkbox"/> 0 to 10 days absent per year related to the medical diagnosis.	<input type="checkbox"/> 10-20 days absent per year related to the medical diagnosis.	<input type="checkbox"/> 20-28 days absent per year related to the medical diagnosis.	<input type="checkbox"/> 28+ days absent per year related to the medical diagnosis.
Effect of medical needs on ability to access the curriculum in the general education setting.	<input type="checkbox"/> Medical needs do not interfere with day to day functioning and learning within the general education setting	<input type="checkbox"/> Medical needs do not interfere with learning but there is a possibility of unusual episodes or crises in the general education setting.	<input type="checkbox"/> Medical needs present frequent crises or so limit the student's opportunity to participate in activities that it interferes with learning in the general education setting.	<input type="checkbox"/> Medical needs are so severe that special medical attention is regularly needed. Opportunity for activity is so limited that classroom participation is seldom/never possible.
Number of Boxes Checked:				

A recommendation for special education eligibility may be considered **only** when the adverse impact on educational performance is Moderate or Severe. **Typically four or more boxes would be checked in the Moderate and/or Severe categories.** Professional judgment is required. A preponderance of data is needed to determine the extent of the health problem's adverse impact on educational performance.

Appendix B: OBSERVATION OF BEHAVIOR

STUDENT INFORMATION			
Student Name:			
Date:		Time:	
Setting:		Intervals (in seconds):	
KEY			
M	Motor off-task behaviors such as excessive motor movement, fidgeting with items, tapping pencil/hands on desk		
P	Passive off-task behaviors such as staring off, not attending to task		
V	Verbal off-task behaviors such as talking, blurting		
S	Student		
C	Comparison Student		

		Interval #														
Beh		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
M	S															
	C															
P	S															
	C															
V	S															
	C															
M	S															
	C															
P	S															
	C															
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V	S															
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M	S															
	C															
P	S															
	C															
V	S															
	C															
	S	TOTAL INTERVALS OFF-TASK:					PERCENTAGE OF OFF-TASK BEHAVIOR:									
	C	TOTAL INTERVALS OFF-TASK:					PERCENTAGE OF OFF-TASK BEHAVIOR:									

Appendix C:
OHI SYSTEMATIC INTERVIEW/OBSERVATION

STUDENT INFORMATION			
Student Name:		Building:	
Medical Diagnosis:		Physician:	
Observation Date(s):		Observation Setting(s)	
Interview Date(s):		Person(s) Interviewed:	
Completed by:			

STRENGTHS:
Parent(s):
Teacher(s):
MAIN CONCERNS:
Parent(s):
Teacher(s):

INSTRUCTIONS
<ul style="list-style-type: none"> Information must be gathered from both Interview (I) and Observation (O). For each item, place the appropriate number in the box: <ul style="list-style-type: none"> (1) Grade appropriate (2) Grade appropriate with accommodations and/or interventions <ul style="list-style-type: none"> Please describe current accommodations and/or interventions (3) Area of concern <ul style="list-style-type: none"> Please describe accommodations and/or interventions along with peer performance in any area of concern as well as the performance of the student being assessed Documentation should be determined to be significantly different from peers This document should include descriptive, narrative examples of the educational concern and list any current directions

PHYSICAL ABILITY		
I	O	
		<p>Limited physical strength resulting in decreased capacity to <u>perform</u> school activities:</p> <p>Accommodations:</p> <p>Narrative description of same-gender peer:</p> <p>Narrative description of student evaluated:</p>
		<p>Limited endurance resulting in decreased stamina and/or ability to maintain performance:</p> <p>Accommodations:</p> <p>Narrative description of same-gender peer:</p> <p>Narrative description of student evaluated:</p>
		<p>Level of pain results in decreased ability to perform or maintain performance:</p> <p>Accommodations:</p> <p>Narrative description of same-gender peer:</p> <p>Narrative description of student evaluated:</p>
ALERTNESS - <i>Heightened or diminished alertness with respect to:</i>		
I	O	
		<p>Prioritizing environmental stimuli:</p> <p>Accommodations:</p> <p>Narrative description of same-gender peer:</p> <p>Narrative description of student evaluated:</p>
		<p>Maintaining focus/sustaining effort:</p> <p>Accommodations:</p> <p>Narrative description of same-gender peer:</p> <p>Narrative description of student evaluated:</p>

		<p>Accuracy of work produced:</p> <p>Accommodations:</p> <p>Narrative description of same-gender peer:</p> <p>Narrative description of student evaluated:</p>
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ORGANIZATION SKILLS

I	O	
		<p>Materials (has materials when needed, physical organization of space and materials):</p> <p>Accommodations:</p> <p>Narrative description of same-gender peer:</p> <p>Narrative description of student evaluated:</p>
		<p>Written Work (organized on page in sequential manner, writing mechanics:</p> <p>Accommodations:</p> <p>Narrative description of same-gender peer:</p> <p>Narrative description of student evaluated:</p>
		<p>Thoughts (Tells thoughts/stories sequentially - beginning, middle, end, stays on topic):</p> <p>Accommodations:</p> <p>Narrative description of same-gender peer:</p> <p>Narrative description of student evaluated:</p>

WORK COMPLETION WITHIN ROUTINE TIMELINES

I	O	
		<p>Self-initiates (Ability to independently begin a task):</p> <p>Accommodations:</p> <p>Narrative description of same-gender peer:</p> <p>Narrative description of student evaluated:</p>

		Displays on-task behavior (Ability to continue working on a task): Accommodations: Narrative description of same-gender peer: Narrative description of student evaluated:
		Follows directions (Directions given to the entire class without individual assistance): Accommodations: Narrative description of same-gender peer: Narrative description of student evaluated:
		Homework (Independently keeps track of assignments and hands them in on time): Accommodations: Narrative description of same-gender peer: Narrative description of student evaluated:
		Participates in group activities: Accommodations: Narrative description of same-gender peer: Narrative description of student evaluated:
		Number of assignments given vs. number of assignments turned in: Accommodations: Narrative description of same-gender peer: Narrative description of student evaluated:
INDEPENDENCE		
I	O	
		Moves through school environment to get to destination:

		<p>Accommodations:</p> <p>Narrative description of same-gender peer:</p> <p>Narrative description of student evaluated:</p>
		<p>Manages age appropriate self-care activities re: clothing, bathroom, lunchroom:</p> <p>Accommodations:</p> <p>Narrative description of same-gender peer:</p> <p>Narrative description of student evaluated:</p>
		<p>Able to physically manipulate school tools/materials (books, notes, pencil, desk, etc.):</p> <p>Accommodations:</p> <p>Narrative description of same-gender peer:</p> <p>Narrative description of student evaluated:</p>
		<p>Grade appropriate self-advocacy (requests help when needed):</p> <p>Accommodations:</p> <p>Narrative description of same-gender peer:</p> <p>Narrative description of student evaluated:</p>
FUNCTIONAL LEVEL OF ACADEMIC PERFORMANCE		
I	O	
		<p>Basic Reading:</p> <p>Accommodations:</p> <p>Narrative description of same-gender peer:</p> <p>Narrative description of student evaluated:</p>
		<p>Reading Fluency:</p> <p>Accommodations:</p>

		<p>Narrative description of same-gender peer:</p> <p>Narrative description of student evaluated:</p>
		<p>Reading Comprehension:</p> <p>Accommodations:</p> <p>Narrative description of same-gender peer:</p> <p>Narrative description of student evaluated:</p>
		<p>Math Computation:</p> <p>Accommodations:</p> <p>Narrative description of same-gender peer:</p> <p>Narrative description of student evaluated:</p>
		<p>Math Problem Solving:</p> <p>Accommodations:</p> <p>Narrative description of same-gender peer:</p> <p>Narrative description of student evaluated:</p>
		<p>Written Expression:</p> <p>Accommodations:</p> <p>Narrative description of same-gender peer:</p> <p>Narrative description of student evaluated:</p>
		<p>Other (list):</p> <p>Accommodations:</p> <p>Narrative description of same-gender peer:</p>

		Narrative description of student evaluated:
SOCIAL INTERACTION		
I	O	
		Student initiates and interacts appropriately with peers: Accommodations: Narrative description of same-gender peer: Narrative description of student evaluated:
INTERFERING BEHAVIORS		
I	O	
		Distracting to self or others: Accommodations: Narrative description of same-gender peer: Narrative description of student evaluated:
		Impulsive behavior: Accommodations: Narrative description of same-gender peer: Narrative description of student evaluated:

Accommodation Consideration Checklist

STUDENT INFORMATION							
Name:		DOB:		Sex:		Current Grade:	
Building:		Diagnosed Chronic or Acute Health Impairment:					

Does the student:	Need to Consider	Not Needed	Comment
Have a diagnosis by a physician as having a health problem?			
Require school health services for the health problem? Medications: _____ Healthcare Procedures: _____			
Require accommodations in teaching strategies and curriculum such as: compensation for work completion, curriculum modifications and adaptations?			
Require accommodations for organization and independent work skills such as: daily planner, note taker, modified assignments/tests?			
Require adjustments of the school environment or schedule due to a health problem such as: rest time, limitation for physical activity, breaks for endurance, part-time schedule, building modifications for access, additional time to pass between classes?			
Require accommodations utilizing behavioral management techniques such as: self-monitoring tools, peer tutors, reinforcement programs, medication compliance?			
Require development for self-advocacy skills and independence related to the health program and self-care?			
Require accommodations in areas of gross motor and/or fine motor skills such as writing, ambulation, self-care, daily living skills?			
Require accommodations for major safety considerations such as: special transport, emergency care plan, additional supervision, health monitoring, and emergency plan?			

Student :

Date of Birth:

Dear Dr.

We are evaluating the above student for eligibility as a student with a disability as defined by the Michigan Administrative Rules for Special Education. The disability we are considering is Other Health Impairment, which is defined by the special education regulations as:

Other Health Impairment means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that-(i) is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, and sickle cell anemia; and (ii) adversely affects a child's educational performance.

Your prompt attention to this request is appreciated to enable the evaluation to be completed within state timelines. If you have questions, please contact me using the contact information listed below.

Thank you so much for your help in this process.

Medical Diagnosis (list if needed): _____

Check below if any of the following areas are affected by the medical condition and describe the nature and degree of impact in each area checked.

_____ Strength _____

_____ Vitality _____

_____ Alertness _____

Restrictions, if any: _____

Physical limitations, if any: _____

Medications, if any: _____

In this a life-long condition? Yes No Uncertain

Physician's Name (Print): _____

Physician's Signature: _____ Date: _____

Please return to: _____ Position: _____

Phone Number: _____ Fax: _____

Email: _____

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R 340.1707 Deaf or Hard of Hearing (DHH); determination. - Rule 7. (1) The term "deaf or hard of hearing" refers to students with any type or degree of hearing loss that interferes with development or adversely affects educational performance. "Deafness" means a hearing loss that is so severe that the student is impaired in processing linguistic information through hearing, with or without amplification. The term "hard of hearing" refers to students who have permanent or fluctuating hearing loss that is less severe than the hearing loss of students who are deaf and that Michigan Administrative Rules for Special Education with Related IDEA Federal Regulations 31 generally permits the use of the auditory channel as the primary means of developing speech and language skills. (2) A determination of impairment must be based upon a full and individual evaluation by a multidisciplinary evaluation team, which shall include an audiologist and an *otolaryngologist* or *otologist*.

R 340.1708 Visual impairment explained; determination. - Rule 8. (1) A visual impairment shall be determined through the manifestation of both of the following: (a) A visual impairment which, even with correction, interferes with development or which adversely affects educational performance. Visual impairment includes both partial sight and blindness. (b) One or more of the following: (i) A central visual acuity for near or far point vision of 20/70 or less in the better eye after routine refractive correction. (ii) A peripheral field of vision restricted to not more than 20 degrees. (iii) A diagnosed progressively deteriorating eye condition. (2) A determination of impairment shall be based upon a comprehensive evaluation by a multidisciplinary team which shall include an *ophthalmologist* or *optometrist*.

R 340.1709 "Physical impairment" defined; determination. - Rule 9. (1) "Physical impairment" means severe orthopedic impairment that 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 assessment data from 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.

R 340.1709a "Other health impairment" defined; determination. - Rule 9a. (1) "Other health impairment" means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, which results in limited alertness with respect to the educational environment and to which both of the following provisions apply: (a) Is due to chronic or acute health problems such as any of the following: (i) Asthma. (ii) Attention deficit disorder. (iii) Attention deficit hyperactivity disorder. (iv) Diabetes. (v) Epilepsy. (vi) A heart condition. (vii) Hemophilia. (viii) Lead poisoning. (ix) Leukemia. (x) Nephritis. (xi) Rheumatic fever. (xii) Sickle cell anemia. (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.

R 340.1716 "Traumatic brain injury" defined; determination. - Rule 16. (1) "Traumatic brain injury" means an acquired injury to the brain which is caused by an external physical force and which results in total or partial functional disability or psychosocial impairment, or both, that adversely affects a student's educational performance. The term applies to open or closed head injuries resulting in impairment in 1 or more of the following areas: (a) Cognition. (b) Language. (c) Memory. (d) Attention. (e) Reasoning. (f) Behavior. (g) Physical functions. (h) Information processing. (i) Speech. (2) The term does not apply to brain injuries that are congenital or degenerative or to brain injuries induced by birth trauma. (3) A determination of disability shall be based upon a comprehensive evaluation by a multidisciplinary evaluation team, which shall include an assessment from a *family physician* or *any other approved physician* as defined in 1978 PA 368, MCL 333.1101 et seq.

R 340.1717 Deaf-blindness defined; determination. - Rule 17. (1) Deaf-blindness means concomitant hearing impairment and visual impairment, the combination of which causes severe communication and other developmental and educational needs that cannot be accommodated in special education programs without additional supports to address the unique needs specific to deaf-blindness. Deaf-blindness also means both of the following: (a) Documented hearing and visual losses that, if considered individually, may not meet the requirements for visual impairment or hearing impairment, but the combination of the losses affects educational performance. (b) Such students function as if they have both a hearing and visual loss, based upon responses to auditory and visual stimuli in the environment, or during vision and hearing evaluations. (2) A determination of the disability shall be based upon data provided by a multidisciplinary evaluation team which shall include assessment data from all of the following: (a) Medical specialists such as any of the following: (i) An ophthalmologist. (ii) An optometrist. (iii) An audiologist. (iv) An *otolaryngologist*. (v) An *otologist*. (vi) A *family physician* or any other approved physician as defined in 1978 PA 368, MCL 333.1101 et seq.

R 340.1714 Severe multiple impairment; determination. - Rule 14. (1) Students with severe multiple impairments shall be determined through the manifestation of either of the following: (a) Development at a rate of 2 to 3 standard deviations below the mean and 2 or more of the following conditions: (i) A hearing impairment so severe that the auditory channel is not the primary means of developing speech and language skills. (ii) A visual impairment so severe that the visual channel is not sufficient to guide independent mobility. (iii) A physical impairment so severe that activities of daily living cannot be achieved without assistance. (iv) A health impairment so severe that the student is medically at risk. (b) Development at a rate of 3 or more standard deviations below the mean or students for whom evaluation instruments do not provide a valid measure of cognitive ability and 1 or more of the following conditions: (i) A hearing impairment so severe that the auditory channel is not the primary means of developing speech and language skills. (ii) A visual impairment so severe that the visual channel is not sufficient to guide independent mobility. (iii) A physical impairment so severe that activities of daily living cannot be achieved without assistance. (iv) A health impairment so severe that the student is medically at risk. (2) A determination of impairment shall be based upon a comprehensive evaluation by a multidisciplinary evaluation team, which shall include a psychologist and, depending upon the disabilities in the physical domain, the multidisciplinary evaluation team participants required in R 340.1707, R 340.1708, or R 340.1709, R 340.1709a, or R 340.1716.

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