SPECIAL EDUCATION PROCEDURE		
District Name	Warren Woods Public Schools	
Subject/Topic of This Procedure	IDENTIFICATION: OTHER HEALTH IMPAIRMENT	
Date Procedure was Adopted or Revised	06/19/2023	

Legal Requirement with Citation	§ 300.304 of the Individuals with Disabilities Education Act (IDEA) requires that, in conducting an evaluation, the district must use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the child, including information provided by the parent. This information will assist in determining whether the child is a child with a disability and the content of the child's IEP, including information related to enabling the child to be involved in and progress in the general education curriculum (or for a preschool child, to participate in appropriate activities).
	Further, § 300.304 indicates that the district must not use any single measure or assessment as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate educational program for the child. Additionally, the district must use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.
	Finally, in evaluating each child with a disability, the evaluation must be sufficiently comprehensive to identify all of the child's special education and related services needs, whether or not commonly linked to the disability category in which the child has been classified.
	§ 300.8(c)(9) of IDEA and Rule 340.1706 of the Michigan Administrative Rules for Special Education (MARSE) provide definitions of a student with an Other Health Impairment which are essentially identical. According to both sources, 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. Rule 340.1706 of MARSE goes on to say that a determination that a student has an Other Health Impairment must be based upon a full and individual evaluation by a multidisciplinary evaluation team which includes 1 of the following persons: (a) An orthopedic surgeon. (b) An internist. (c) A neurologist. (d) A pediatrician. (e) A family physician or any other approved physician as defined in 1978 PA 368, MCL 333.1101 et seq. A Memorandum from the Michigan Department of Special Education dated December 9, 2022, includes the following clarification: The definition of "a family physician or any other approved physician," as it is used in reference to MET in the MARSE...must meet the definition of a physician who is licensed or authorized under the Michigan Public Health Code at 1978 PA 368, MCL 333.1101 et seg. This includes a physician's assistant working under a practice agreement but does not include a nurse practitioner or a licensed practical nurse. **Under what** This procedure will be used when evaluating students who

may be eligible for special education under the category of

Other Health Impairment.

circumstances

will this

procedure be used?	
Who will implement this procedure?	Special education service providers and evaluative staff
Describe the steps in this procedure.	 In formulating a recommendation regarding eligibility (or ineligibility) under the category of Other Health Impairment (OHI), the Multidisciplinary Evaluation Team (MET) must consider and document all of the following: a. Whether the student has a chronic or acute health problem; and b. Whether that health problem results in limited strength, vitality, and/or alertness, including a heightened alertness to environmental stimuli which results in a limited alertness with respect to the educational environment; and c. Whether the health problem adversely impacts the student's educational performance.
	2. When planning for the evaluation of a student suspected of having an Other Health Impairment, the REED must identify whether there is existing evaluation data which is sufficient to determine the presence of a chronic or acute health problem, the condition's impact on the student's educational performance, and the student's resulting needs, or whether additional data are needed to make these decisions. This includes considering whether there is sufficient existing information (in the student's educational record) from a physician to determine the presence (or absence) of a chronic or acute health condition which adversely impacts educational performance. If additional data from a physician are needed, this must be identified in the evaluation plan section of the REED.
	3. In addition to considerations specific to OHI eligibility, the REED must plan for an evaluation that is sufficiently comprehensive to identify all the child's special education and related services needs, whether or not commonly linked to the disability category in which the child has been classified.
	In the case of a student who is suspected of having an Other Health Impairment, assessments may be necessary in the areas listed below in order to determine if/how the student's health condition impacts educational

performance, and also to determine the student's needs for specially designed instruction. Areas in which the REED should consider the need for additional assessments include (but are not limited to):

- Cognitive skills, including executive functions.
- Academic skills
- Communication skills
- Social/emotional functioning
- Functional behavior assessment
- Sensory processing and modulation
- Gross/fine motor skills
- Adaptive/independent living
- Any other areas of potential concern/impact identified at the time of referral, during the REED process, or as surfaced during the evaluation process.

In addition to meeting the requirement for a comprehensive evaluation in all areas of suspected disability, planning for assessments in the areas listed above may assist in:

- Making a differentiated recommendation regarding eligibility across several different categories.
- Ruling out other disabilities as the causal factor for behaviors or skill deficits that were initially attributed to a suspected chronic or acute health problem.
- Identifying needs for specially designed instruction.
- Developing appropriately challenging annual goals and short-term objectives.
- Developing necessary supplementary aids and supports, including positive behavioral interventions and supports.
- Developing special education programs/services in the least restrictive environment.
- 4. Upon completion of the REED process and document, the district must provide the parent with prior written notice of its proposal or refusal to evaluate, and, if the district proposes to evaluate, seek written parental consent for the evaluation. (For details, see separate but related procedures relative to **Initial Evaluations** and **Reevaluations**.)
- 5. When a student is suspected of having an Other Health Impairment, an approved physician, as defined in

MARSE, must participate as a member of the MET. Specifically, the MET must include one of the following:

- An orthopedic surgeon.
- An internist.
- A neurologist.
- A pediatrician.
- A family physician or any other approved physician as defined in 1978 PA368, MCL 333.1101 et seq.

A physician's assistant may fill the role of physician on the MET as long as the physician's assistant is working under a practice agreement with an approved physician. It is the district's responsibility to ensure that this is the case. The person responsible for ensuring that the physician's assistant is working under a practice agreement is the school psychologist.

A nurse practitioner or licensed practical nurse may not serve as an approved physician for the MET.

6. The involvement of an approved physician on the MET must be at no cost to the parent. The district will use one or more of the following strategies to ensure that an approved physician is part of the MET at no cost to the parent (check all that apply):

____If the parent chooses to provide medical documentation from a physician who is treating the student, the district will review this documentation and incorporate the findings and recommendations into the MET report. A copy of the documentation from the physician will be included in the student's record.

NOTE: Medical information provided by the parent may or may not be sufficient for determining OHI eligibility, impact of the health condition on educational performance, and educational needs. It is incumbent upon the district to review this information and determine if additional involvement/input from the physician is needed for decision-making.

____The district will ask the parent to sign a release of information form allowing the district to communicate with the student's physician. After receipt of written

parent consent to evaluate and written parent consent to exchange information with the physician, the district will:

- Send the physician a cover letter explaining the evaluation process; and
- Ask the physician to complete and return the district's OHI Verification Form.
- Other (specify): __

The person responsible for requesting parental consent to share information, sending the cover letter and OHI Verification Form to the physician, and following up to ensure that the Verification Form is returned and reviewed by members of the MET is the school psychologist.

If the necessary medical input is not available from other sources, the district will contract with an approved physician to serve as a member of the MET at district expense. The person responsible for locating and contracting with an approved physician for this purpose is the Special Education Administrator.

NOTE: If the parent has provided consent for the evaluation of a suspected Other Health Impairment but is unwilling or unable to involve the student's physician in the MET process, it is incumbent upon the district to retain the services of a physician to participate in the MET considerations and any recommendation regarding eligibility or ineligibility under the category of OHI.

7. When evaluating a student suspected of having an Other Health Impairment, the MET report must address whether the student has limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, which results in limited alertness with respect to the educational environment. A diagnosis from a physician establishing the presence of a chronic or acute health problem is insufficient, in and of itself, for this purpose. Conversely, the absence of a pre-existing medical diagnosis does not absolve the district of its obligation to evaluate for a suspected Other Health Impairment.

If the student has a chronic or acute health problem, the evaluation team must document how the health problem

limits (or does not limit) the student's strength, vitality, and/or alertness, as well as the extent (if any) to which the student's educational performance is adversely impacted. These issues will be assessed through a variety of strategies as identified during the REED process and documented in the evaluation plan. Sources of information regarding strength, vitality, and alertness, as well as adverse educational impact, may include, but are not limited to:

- Documented observations and/or formal or informal assessments completed by district evaluation team members (school social worker, school psychologist, teacher consultant, etc.) which specifically assess strength, vitality, and/or alertness.
- Input from the parent, including a developmental history, parent rating scales, or other formal or informal measures which specifically address strength, vitality, and/or alertness.
- Information from classroom teachers and other service providers, including classroom-based behavioral data, teacher rating scales, or other formal or informal measures which specifically address strength, vitality, and/or alertness.
- Assessments/observations by occupational or physical therapists which speak specifically to strength, vitality, and/or alertness.
- A Functional Behavioral Assessment to consider behaviors (not just "misbehaviors") related to limited strength, vitality, and/or alertness.
- A thorough review of the student's behavioral data, discipline logs, and disciplinary removals, considered considering the student's health problem and other assessment data.
- Additional assessments/comments from the physician (beyond a mere diagnosis) that speak specifically to limited strength, vitality and/or alertness.

NOTE: The physician's comments alone should never serve as the sole basis for determining OHI eligibility or ineligibility. While the physician may have important insights, it is incumbent upon the team to assess the impact of the health condition on the student's strength, vitality and/or alertness in the educational setting, as well as the impact of the health condition on the student's educational performance. It is the

responsibility of the entire multidisciplinary team, including the physician, to develop a recommendation regarding OHI eligibility/ineligibility. 8. In formulating a recommendation regarding eligibility (or ineligibility) under the category of Other Health Impairment, the MET must consider and document: a. Whether the student has a chronic or acute health problem; and b. Whether the health problem results in limited strength, vitality, and/or alertness, including a heightened alertness to environmental stimuli which results in a limited alertness with respect to the educational environment; and c. Whether the health problem adversely impacts the student's educational performance. If the documentation does not address the three criteria above, or if data do not exist relative to these criteria, a recommendation regarding eligibility (or ineligibility) under the category of OHI cannot be formulated in a compliant manner. 9. As with any determination of special education eligibility, a student may not be determined eligible under the category of OHI if the determinant factor is lack of appropriate instruction in reading, including the essential components of reading instruction (as defined in section 1208(3) of the ESEA); lack of appropriate instruction in math; or limited English proficiency. 10. Although the MET develops a recommendation regarding eligibility, the determination of eligibility must be made by a group of qualified professionals and the parent, that is, the IEP Team. What forms are Review of Existing Evaluation Data (REED) and Notice of necessary to Evaluation Plan form from PowerSchool Special Programs. (This form includes the Consent for implement this procedure? Evaluation form.) MET form(s) from PowerSchool Special Programs. IEP Form from PowerSchool Special Programs (including the page entitled Notice of Offer of FAPE). How, when and Compliance with this procedure is maintained and reviewed by whom will this by each local district office of special education. procedure be

consistently documented?	MET reports (including relevant attachments) and IEPs are maintained electronically. Reports and state reporting fields (i.e., initial component of special education, IEP timeliness, etc.) are available for each student in PowerSchool Special Programs (PSSP). The district PSSP Liaison will maintain the data entries and verify accuracy for state reporting.
How, when and by whom will this procedure be routinely supervised?	Documentation of eligibility decisions will be supervised by the Special education administrator. The schedule for review of documentation of this procedure will be monthly based on a random sample.
How, when and by whom will changes to this procedure be communicated?	Changes to this procedure will be communicated by the Special education administrator. Changes to this procedure will be communicated annually and as a result of MDE guidance. Changes will be communicated using the district website, hard copies to staff and during scheduled professional development.