



TN

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Other Health Impairment Evaluation Guidance

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Introduction

This document is intended to provide school teams guidance when planning for student needs, considering referrals for evaluations, and completing evaluations/re-evaluations for educational disabilities. Disability definitions and required evaluation procedures and can be found individually on the Tennessee Department of Education website ([here](#)).¹

Every educational disability has a state definition, found in the [TN Board of Education Rules and Regulations Chapter 0520-01-09](#),² and a federal definition included in the Individuals with Disabilities Education Act (IDEA). While states are allowed to further operationally define and establish criteria for disability categories, states are responsible to meet the needs of students based on IDEA's definition. Both definitions are provided for comparison and to ensure teams are aware of federal regulations.

The student must be evaluated in accordance with IDEA Part B regulations, and such an evaluation must consider the student's individual needs, must be conducted by a multidisciplinary team with at least one teacher or other specialist with knowledge in the area of suspected disability, and must not rely upon a single procedure as the sole criterion for determining the existence of a disability. Both nonacademic and academic interests must comprise a multidisciplinary team determination, and while Tennessee criteria is used, the team possess the ultimate authority to make determinations.³

IDEA Other Health Impairment Definition

Per 34 C.F.R. §300.8(c)(9), 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."

Section I: Tennessee Definition

Tennessee Definition of Other Health Impairment

Other health impairment (OHI) means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to

¹ <https://www.tn.gov/education/student-support/special-education/special-education-evaluation-eligibility.html>

² <https://publications.tnsosfiles.com/rules/0520/0520-01/0520-01-09.20171109.pdf>

³ Office of Special Education Programming Letter to Pawlisch, 24 IDELR 959

the educational environment, that is due to chronic or acute health problems such as asthma, attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia; and Tourette's Syndrome that adversely affects a child's educational performance.

A child is "other health impaired" who has chronic or acute health problems that require specially designed instruction due to:

- (1) impaired organizational or work skills;
- (2) inability to manage or complete tasks;
- (3) excessive health related absenteeism; or
- (4) medications that affect cognitive functioning.

What does this mean?

OHI is an educational disability that includes virtually any health problem, acute (e.g., health conditions that are sudden and severe) or chronic (e.g., long term health conditions), diagnosed by a licensed practitioner (e.g., physician, nurse practitioner or physician's assistant). The student must manifest **at least one of the following**:

- limited physical strength such as a decrease in bodily or muscular power/vigor, causing the student to tire easily;
- limited vitality such as the reduction of physical and/or mental strength, limited endurance, limited energy;
- limited stamina such as the inability to sustain prolonged physical or mental effort; or
- alertness issues, which may be limited alertness such as the reduction of attentiveness, including heightened alertness (e.g., intensified awareness) to surroundings that leads to a reduced alertness to the educational environment.

The federal and state definitions provide examples of health problems that can be assumed under the OHI category; however, this list is not exclusive and other health problems can also be assumed under this category. For example, OHI includes contagious diseases, chronic fatigue syndrome/chronic fatigue and immune dysfunction syndrome,⁴ and multiple chemical sensitivity (MCS).⁵ Additionally, as diagnostic criteria are revised (e.g., attention deficit hyperactivity disorder; combined, inattentive or hyperactive-impulsive presentations)⁶ and new diagnoses are identified, within the health community (e.g., neonatal abstinence syndrome), they also have the potential of being added to the OHI category. The federal office of special education programming (OSEP) has indicated that chemical dependency "in and of itself, does

⁴ Letter to Fazio, 21 IDELR 572 (OSEP, 1994)

⁵ Letter to Anonymous, 33 IDELR (OSEP, 1999)

⁶ Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (2013). American Psychiatric Association

not fall within the definition of 'other health impairment' or any other IDEA category for that matter. A substance-abusing student will only qualify as disabled within the meaning of IDEA if another independent condition exists which constitutes a disability requiring special education, or the use of drugs results in a condition which is covered under one of the IDEA's disabilities."⁷

A diagnosed health problem does not automatically warrant special education eligibility. Special education is only considered when the health problem meets criteria that are outlined in the definition and the evaluation standards that provide sufficient evidence the health condition adversely affects a student's educational performance to the degree that makes special instruction or related services necessary. Educational performance reflects the student's total involvement in the school environment. It may include deficits in one or more of the following areas: cognitive functioning, adaptive behaviors (daily living skills), academic achievement, social-emotional development, communication skills, motor/physical development, and participation in developmentally appropriate activities.

Chronic or acute health problems require specially designed instruction due to one or more of the following:

Impaired Organizational Skills and Work Skills

- Impaired mental and/or physical skills needed to plan, initiate, and execute work skills include working independently, in pairs, and/or in groups.

Inability to Manage or Complete Tasks

- Tasks include, but are not limited to:
 - assignments, projects, tests, and homework; and/or
 - difficulty with prevocational tasks (i.e., completing work in a timely manner, ability to follow directions) that impact performance and classroom-based routines and procedure.

Excessive Health Related Absenteeism;

- Frequently missed full or partial school days due to student's health condition
- Missed instruction, the student may require specially designed instruction; this may result in modified assignments and/or other options, such as homebound instruction.

Impact of Medications that Affect Cognitive Functioning;

- Examples of cognitive areas that may be impacted by medications: executive functioning, attention, mental flexibility, memory, or the ability to process complex tasks quickly.

⁷ The Complete OSEP Handbook-2nd Ed., 2007

- when needed, the school psychologist can contact the medication prescriber, or other qualified source, to seek understanding whether the medication affects cognitive functioning.

Section II: Pre-referral and Referral Considerations

The Special Education Framework provides general information related to pre-referral considerations and multi-tiered interventions in component 2.2. It is the responsibility of school districts to seek ways to meet the unique educational needs of all children within the general education program prior to referring a child to special education. By developing a systematic model within general education, districts can provide preventative, supplementary differentiated instruction and supports to students who are having trouble reaching benchmarks.

Pre-referral Interventions

Students who have been identified as at risk will receive appropriate interventions in their identified area(s) of deficit. These interventions are determined by school-based teams by considering multiple sources of academic and behavioral data.

One way the Tennessee Department of Education (“department”) supports prevention and early intervention is through multi-tiered systems of supports (MTSS). The [MTSS framework](#) is a problem-solving system for providing students with the instruction, intervention, and supports they need with the understanding there are complex links between students’ academic and behavioral, social, and personal needs. The framework provides multiple tiers of interventions with increasing intensity along a continuum. Interventions should be based on the identified needs of the student using evidenced-based practices. Examples of tiered intervention models include Response to Instruction and Intervention (RTI²), which focuses on academic instruction and support, and Response to Instruction and Intervention for Behavior (RTI²-B). Within the RTI² Framework and RTI²-B Framework, academic and behavioral interventions are provided through Tier II and/or Tier III interventions (see [MTSS Framework](#), [RTI² Manual](#), and [RTI²-B Manual](#)).

These interventions are *in addition to*, and not in place of, on-grade-level instruction (i.e., Tier I). It is important to recognize that ALL students should be receiving appropriate standards-based differentiation, remediation, and reteaching, as needed in Tier I, and that Tiers II and III are specifically skills-based interventions.

It is important to document data related to the intervention selection, interventions (including the intensity, frequency, and duration of the intervention), progress monitoring, intervention integrity and attendance information, and intervention changes to help teams determine the need for more intensive supports. This also provides teams with information when determining the least restrictive environment needed to meet a student's needs.

Cultural Considerations

Interventions used for EL students must include evidence-based practices for ELs.

Characteristics or Risk Factors for Students with Health Conditions

Educators and school teams should be aware of factors that may impede learning in order to help plan appropriately when meeting student needs. Some students may require accommodations to access general curriculum instruction or need interventions/specialized instruction to ensure the student is able to meet proficiency standards in academic subjects. While not an exhaustive list, the following are risk factors associated with health conditions that may impact educational performance:

- decreased attention/focus/concentration
- sensory sensitivities such as hypersensitivity (student may be extra sensitive, and therefore goes into avoidance mode) or hyposensitivity (student may be deficient, and therefore goes into seeking mode)
 - visual: fluorescent lights, photo-sensitivity, and/or patterns
 - auditory: buzzing sound of fluorescent lights, heating/air units
 - tactile: tags in clothing
 - olfactory: smells making student nauseas
 - kinesthetic: high movement; slow/lethargic movement
- hyperactivity
- impulsivity (e.g., acting or speaking without thinking, not considering the consequence)
- high pain threshold/low pain threshold
- headaches
- high absences due to illness/treatment/therapeutic interventions
- medications that affect sense of well-being (e.g., chemotherapy/radiation, transfusions)
- medications that affect cognitive functioning such as memory or processing speed (e.g., pain medications, anti-seizure medications)
- decreased energy/motivation secondary to not feeling well; feeling overwhelmed with missing school/assignments
- emotionality associated with health problem, treatment approaches, prognosis
- emotionality associated with feeling "left out" or "feeling different"
- physical symptoms associated with medication/treatment (e.g., needing to use restroom more frequently, dry mouth, upset stomach)

- unexplained sadness/fear related to illness
- pain (e.g., sickle cell)
- physical abnormality associated with health problem
- access limitations (e.g., wheelchair, walker)
- dietary needs (e.g., restrictions or supplements)
- medications taken during the school day
- impaired ability to manage and organize materials, and complete classroom assignments within routine timelines
- impaired ability to follow directions or initiate and complete a task
- limited endurance resulting in decreased stamina and decreased ability to maintain performance
- motor weaknesses/deficits (e.g., secondary to seizure disorder, cerebral palsy, or shunt malfunction)
- functional communication weaknesses/deficits (e.g., secondary to seizure disorder, cerebral palsy, or shunt malfunction)

The School Team's Role

A major goal of the school-based pre-referral intervention team is to adequately address students' academic and behavioral needs. The process recognizes many variables affecting learning. Thus, rather than first assuming the difficulty lies within the child, team members and the teacher should consider a variety of variables that may be at the root of the problem, including the curriculum, instructional materials, instructional practices, and teacher perceptions.

When school teams meet to determine intervention needs, there should be an outlined process that includes:⁸

- documentation, using multiple sources of data, of difficulties and/or areas of concern;
- a problem-solving approach to address identified concerns
- documentation of interventions, accommodations, strategies to improve area(s) of concern;
- intervention progress monitoring and fidelity;
- a team decision-making process for making intervention changes and referral recommendations based on the student's possible need for more intensive services and/or accommodations; and
- examples of pre-referral interventions and accommodations.

⁸ National Alliance of Black School Educators (2002). *Addressing Over-Representation of African American Students in Special, Education*

Examples of Pre-Referral Interventions and Accommodations

Pre-referral interventions are intended to meet student needs as soon as possible and prevent deficits from becoming more pronounced. These interventions are a proactive approach using the collaborative problem-solving model described above under [school team roles](#). In some cases, pre-referral interventions and/or accommodations are sufficient and students need no further assistance. It is important to document all implemented interventions and accommodations along with their effectiveness in order to help future teams make decisions based on the student's history.

Examples of accommodations that can be implemented as needed in order to access instruction:

- verbal participation in written or multisensory activities when the student has motor or physical difficulties that limit their participation;
- use of materials that increase attention or access such as pencil grips, visuals, assistive technology, or sensory items; and
- additional time to complete assignments or tests due to physical limitations or decreased stamina or mental processing speed.

Examples of behavioral strategies may include, but are not limited to:

- clear expectations
- clarification of expectation which student restates
- frequent student-to-teacher conferences
- frequent praise/positive reinforcement
- increased direct supervision
- change of class schedule/groups
- planned ignoring of specified behaviors
- designated "cooling off" or calming area
- preferential seating (e.g., increase proximity control, away from influential students, near a peer tutor)
- flexible seating (e.g., allow student to sit on apparatus that supports sensory needs and/or physical movement such as "ball chair," allow student to stand at desk, allow frequent movement while working)
- breaks (e.g., allow student mental/physical breaks in between work periods)
- timer for task completion
- visual schedule or visuals used for communication
- non-verbal cues
- behavior contract
- study carrel/divider
- incentive system or token economy (best when this is implemented as a school/ home collaborative plan)

- change in criteria for success
- assistance with organizing materials and/or content
- task analysis used for task directions

Referral Information: Documenting Important Pieces of the Puzzle

When considering a referral for an evaluation, the team should review all information available to help determine whether the evaluation is warranted and determine the assessment plan.

The following data from the general education intervention phase that can be used includes:

- 1) reported areas of academic or educational performance difficulty (e.g., decreased energy levels, frequent absences due to medical condition(s), impaired adaptive behaviors) ,
- 2) documentation of the problem,
- 3) provided medical history (including prescribed medications along with possible side effects) and/or outside evaluation reports
- 4) individualized health plans⁹ (school based)
- 5) record of accommodations and interventions attempted along with results from progress monitoring,
- 6) school attendance and school transfer information,
- 7) vision and hearing screening results

It is important for the team to review provided medical information including treatment plans such as medications in order to address all relevant factors that impact student performance. However, IDEA prohibits State and school district personnel from requiring parents to obtain a prescription for substances identified under schedules I, II, III, IV, or V in section 202(c) of the Controlled Substances Act (21 U.S.C. 812(c)) for a child as a condition of attending school, receiving an evaluation under Sec. Sec. 300.300 through 300.311, or receiving special education services under this part. In addition, the office of civil rights has provided a detailed list of mitigating measures that cannot be used to determine if a student has a disability.¹⁰ These requirements were later reiterated in one of the more recent documents released by the US

⁹ Individualized health plans provide a plan in the school setting to address health needs (e.g., diagnoses, medications and potential side effects that may require nursing care, administration of medication, response plans for health based needs during school day, and emergency care plans)

¹⁰ Amendments Act § 4(a) (codified as amended at 42 U.S.C. § 12102) (“The determination of whether an impairment substantially limits a major life activity shall be made without regard to the ameliorative effects of mitigating measures such as— (I) medication, medical supplies, equipment, or appliances, low-vision devices (which do not include ordinary eyeglasses or contact lenses), prosthetics including limbs and devices, hearing aids and cochlear implants or other implantable hearing devices, mobility devices, or oxygen therapy equipment and supplies; (II) use of assistive technology; (III) reasonable accommodations or auxiliary aids or services; or (IV) learned behavioral or adaptive neurological modifications.”)

department of education regarding ADHD.¹¹ It stated that “mitigating measures shall not be considered in determining whether an individual has a disability. Mitigating measures include, for example, medications, coping strategies, and adaptive neurological modifications that an individual could use to eliminate or reduce the effects of an impairment¹¹”

Parent Request for Referral and Evaluation

If a parent refers/requests their child for an evaluation, the school district must meet within a reasonable time to consider the request following the above procedures for referral.

- If the district agrees that an initial evaluation is needed, the district must evaluate the child. The school team must then obtain informed parental consent of the assessment plan in a timely manner and provide written notice of the evaluation.
- If the district does not agree that the student is suspected of a disability, they must provide prior written notice to the parent of the refusal to evaluate. The notice must include the basis for the determination and an explanation of the process followed to reach that decision. If the district refuses to evaluate or if the parent refuses to give consent to evaluate, the opposing party may request a due process hearing.

TN Assessment Team Instrument Selection Form

In order to determine the most appropriate assessment tools, to provide the best estimate of skill or ability, for screenings and evaluations, the team should complete the TN Assessment Instrument Selection Form (TnAISF) (see [Appendix A](#)). The TnAISF provides needed information to ensure the assessments chosen are sensitive to the student's:

- cultural-linguistic differences;
- socio-economic factors; and
- test taking limitations, strengths, and range of abilities.

Section III: Comprehensive Evaluation

When a student is suspected of an educational disability and/or is not making progress with appropriate pre-referral interventions that have increased in intensity based on student progress, s/he may be referred for a psychoeducational evaluation. A referral may be made by the student's teacher, parent, or outside sources at any time.

Referral information and input from the child's team lead to the identification of specific areas to be included in the evaluation. All areas of suspected disability must be evaluated. In addition to determining the existence of a disability, the evaluation should also focus on the educational

¹¹ USDOE Dear Colleague Letter and Resource Guide on Students with ADHD , 2016 retrieved from: <https://www2.ed.gov/about/offices/list/ocr/letters/colleague-201607-504-adhd.pdf>

needs of the student as they relate to a continuum of services. Comprehensive evaluations shall be performed by a multidisciplinary team using a variety of sources of information that are sensitive to cultural, linguistic, and environmental factors or sensory impairments. The required evaluation participants for evaluations related to suspected disabilities are outlined in the eligibility standards. Once written parental consent is obtained, the school district must conduct all agreed upon components of the evaluation and determine eligibility within sixty (60) calendar days of the district's receipt of parental consent.

Cultural Considerations: Culturally Sensitive Assessment Practices

IEP team members must understand the process of second language acquisition and the characteristics exhibited by EL students at each stage of language development if they are to distinguish between language differences and other impairments. The combination of data obtained from a case history and interview information regarding the student's primary or home language (L1), the development of English language (L2) and ESL instruction, support at home for the development of the first language, language sampling and informal assessment, as well as standardized language proficiency measures should enable the IEP team to make accurate diagnostic judgments. Assessment specialists must also consider these variables in the selection of appropriate assessments. Consideration should be given to the use of an interpreter, nonverbal assessments, and/or assessment in the student's primary language. Only after documenting problematic behaviors in the primary or home language and in English, and eliminating extrinsic variables as causes of these problems, should the possibility of the presence of a disability be considered.

English Learners

To determine whether a student who is an English learner has a disability it is crucial to differentiate a disability from a cultural or language difference. In order to conclude that an English learner has a specific disability, the assessor must rule out the effects of different factors that may simulate language disabilities. One reason English learners are sometimes referred for special education is a deficit in their primary or home language. No matter how proficient a student is in his or her primary or home language, if cognitively challenging native language instruction has not been continued, he or she is likely to demonstrate a regression in primary or home language abilities. According to Rice and Ortiz (1994), students may exhibit a decrease in primary language proficiency through:

- inability to understand and express academic concepts due to the lack of academic instruction in the primary language,
- simplification of complex grammatical constructions,
- replacement of grammatical forms and word meanings in the primary language by those in English, and
- the convergence of separate forms or meanings in the primary language and English.

These language differences may result in a referral to special education because they do not fit the standard for either language, even though they are not the result of a disability. The assessor also must keep in mind that the loss of primary or home language competency negatively affects the student's communicative development in English.

In addition to understanding the second language learning process and the impact that first language competence and proficiency has on the second language, the assessor must be aware of the type of alternative language program that the student is receiving.

The assessor should consider questions such as:

- In what ways has the effectiveness of the English as a second language (ESL) instruction been documented?
- Was instruction delivered by the ESL teacher?
- Did core instruction take place in the general education classroom?
- Is the program meeting the student's language development needs?
- Is there meaningful access to core subject areas in the general education classroom?
What are the documented results of the instruction?
- Were the instructional methods and curriculum implemented within a sufficient amount of time to allow changes to occur in the student's skill acquisition or level?

The answers to these questions will help the assessor determine if the language difficulty is due to inadequate language instruction or the presence of a disability.

It is particularly important for a general education teacher and an ESL teacher/specialist to work together in order to meet the linguistic needs of this student group. To ensure ELs are receiving appropriate accommodations in the classroom and for assessment, school personnel should consider the following when making decisions:

- Student characteristics such as:
 - Oral English language proficiency level
 - English language proficiency literacy level
 - Formal education experiences
 - Native language literacy skills
 - Current language of instruction
- Instructional tasks expected of students to demonstrate proficiency in grade-level content in state standards
- Appropriateness of accommodations for particular content areas

*For more specific guidance on English learners and immigrants, refer to the [English as a Second Language Program Guide](#) (August 2016).

Best Practices

Evaluations for all disability categories require comprehensive assessment methods that encompass multimodal, multisource, multidomain and multisetting documentation.

- **Multimodal**: In addition to an extensive review of existing records, teams should gather information from anecdotal records, unstructured or structured interviews, rating scales (more than one; narrow in focus versus broad scales that assess a wide range of potential issues), observations (more than one setting; more than one activity), and work samples/classroom performance products.
- **Multisource**: Information pertaining to the referral should be obtained from parent(s)/caregiver(s), teachers, community agencies, medical/mental health professionals, and the student. It is important when looking at each measurement of assessment that input is gathered from all invested parties. For example, when obtaining information from interviews and/or rating scales, consider all available sources—parent(s), teachers, and the student—for **each** rating scale/interview.
- **Multidomain**: Teams should take care to consider all affected domains and provide a strengths-based assessment in each area. Domains to consider include cognitive ability, academic achievement, social relationships, adaptive functioning, response to intervention, and medical/mental health information.
- **Multisetting**: Observations should occur in a variety of settings that provide an overall description of the student’s functioning across environments (classroom, hallway, cafeteria, recess), activities (whole group instruction, special area participation, free movement), and time. Teams should have a 360 degree view of the student.

Evaluation Procedures

A comprehensive evaluation performed by a multidisciplinary team using a variety of sources of information that are sensitive to cultural, linguistic, and environmental factors or sensory impairments to include the following:

- (1) An evaluation from a licensed medical provider (i.e., licensed physician, physician’s assistant or nurse practitioner) that includes:
 - (a) Medical assessment and documentation of the student’s health;
 - (b) Any diagnoses and prognoses of the child’s health impairments;
 - (c) Information, as applicable, regarding medications; and
 - (d) Special health care procedures, special diet, and/or activity restrictions.

*TCA and the Board of Examiners in Psychology clearly give health services provider designated psychologists the legal and ethical authority to assess, diagnose, and treat ADHD. A psychological evaluation does not replace the need for a medical evaluation.

- (2) Developmental history
- (3) Review of factors impacting educational performance such as attendance, classroom engagement, study skills, education history
- (4) Pre-academics or academic skills
- (5) Direct observations in multiple settings with peer comparisons
- (6) Informal or formal assessments to address the following, depending on referral concerns:
 - (a) Motor/physical;
 - (b) Communication skills;
 - (c) Cognitive ability;
 - (d) Adaptive behaviors; and
 - (e) Social-emotional development/functioning.
- (7) Documentation, including observation and/or assessment, of how OHI adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas)

Evaluation Procedures Guidance

Standard 1: An evaluation from a licensed medical provider (i.e., licensed physician, physician's assistant or nurse practitioner) that includes: (a) medical assessment and documentation of the student's health; (b) any diagnoses and prognoses of the child's health impairments; (c) information, as applicable, regarding medications; and (d) special health care procedures, special diet and/or activity restrictions. T.C.A. and the Board of Examiners in Psychology clearly give health services provider designated psychologists the legal and ethical authority to assess, diagnose, and treat ADHD. A psychological evaluation. A psychological evaluation does not replace the need for a medical evaluation.

The first standard indicates that a medical diagnosis of a health condition is required in order to meet the qualifications of other health impairment. Typically, a medical condition is known and the condition is causing an impact on educational performance, which prompts a referral for an evaluation in order to determine eligibility for services. In those cases, the parent should supply medical records or sign a release (see [Appendix B](#) for a sample release) in order for the school to obtain records. The records must indicate a diagnosis and recent (i.e., within the past year) medical evaluation documenting health conditions, prognosis, medications, and special procedures/diets or restrictions. A sample medical information form containing all necessary

data to be included by the licensed medical provider can be found in [Appendix C](#). However, if a new medical assessment is needed for the current evaluation or if the physician charges for a release of records, school districts must ensure the assessment is at no cost to the student's parents.

The medical information should be used to help inform the team on the degree to which a student's strength, vitality, or alertness may impact his/her learning. In addition, the team should take into account how the health condition may impact attendance or how medications impact cognitive functioning. It may be advisable when unfamiliar with the health condition to obtain permission to consult with the medical provider in order to learn additional information about the child's prognosis. This may assist the assessment team with better understanding how the condition may impact a child's daily functioning.

The evaluation report should summarize the medical findings and include the name of the medical provider involved. An attached copy of the received medical information obtained from the medical provider should be attached to the evaluation report/eligibility report. Medical information should include:

- name of licensed medical provider;
- date of medical documentation (within one calendar year of evaluation);
- diagnosis or statement of health problem (e.g., diagnostic impression), within one calendar year of evaluation;
 - diagnoses are not limited to those provided in the state-provided definition)
- prognosis and special requirements of care;
- information, as applicable, regarding medications; and
- a licensed medical provider's signature (hand-written, electronic, or typed by medical provider's professional transcriptionist).

Types of acceptable records include:

- hospital or institutional records obtained directly from the hospital or institutional setting via parent/guardian-signed HIPAA release; or
- medical provider's office records obtained directly from the office via parent/guardian-signed HIPAA release; or
- state form completed & signed by a licensed medical provider; or
- hand-delivered documentation (e.g., parent/legal guardian, state department case worker, legally appointed guardian ad litem) which includes the licensed medical provider's signature; or
- follow-up medical record/scribed notes with licensed medical provider's signature.

The office of special education and the office of civil rights have clearly indicated that if a medical evaluation is needed in order to obtain a medical diagnosis to determine the presence of a disability, the diagnosis must be provided at no cost to the parents.

Standard 2: Developmental history

Information regarding developmental history should be captured through an interview and/or structured developmental questionnaires. The gathered information should help the assessment specialist to review milestones and associated developmental areas that may have been impacted by health conditions. It is also important to note any regression that may have taken place as a result of the child's health condition. See [Appendix D](#) for a sample developmental history questionnaire, which can be used or adapted.

Standard 3: Review of factors impacting educational performance such as attendance, classroom engagement, study skills, and education history.

The assessment team will complete a file review of the child's educational history. The purpose of the review is to help document factors contributing to areas of concern and whether or not those factors are related to the health condition. The evaluation should contain a summary of this information and indicate if there is a correlation to the child's strength, vitality, alertness, absences, cognitive functioning, or ability to manage/complete tasks.

For instance, all disabilities require that the assessment specialist(s) ensure a student's "lack of learning" is not due to "lack of instruction" (e.g., excessive absences). However, students with significant health problems are often absent, which may in turn cause the child to fall behind peers academically. Therefore, the assessment team should review the child's medical and treatment history with consideration for the student's attendance record. The review may help the school team determine a need for services. For example, by reviewing past performance and absences, the team may find whether the student is able to make sufficient gains even with high absences. The student may demonstrate a greater ability to learn material when it is grouped or modified and may need these slight accommodations rather than specialized instruction.

In order to gain further understanding of the child's engagement during instruction, study skills, and classroom performance, evaluations should include teacher, parent, and student input when appropriate (e.g., interviews, questionnaires, checklists). These skills should also be addressed as part of the required direct observations.

Standard 4: Pre-academics or academic skills

Academic skills can be reviewed in a variety of ways which assessment teams may take into consideration when planning for the evaluation. Some students with health conditions may demonstrate few academic deficits. A review of records (e.g., grades and how those grades may

be modified, summative assessments, criterion-referenced tests, universal screening measures, and other curriculum-based measures) may be sufficient to document academic skills.

Individually administered standardized achievement tests may provide additional information based on referral concerns that may be necessary when determining present levels of academic performance and educational impact. However, it should be noted that the student's health condition may limit performance on standardized achievement assessments. This underperformance is not always due to low skills but may be the result of the child's decreased stamina and energy level or medications impacting cognitive functioning. Therefore, the examiner should indicate whether results appear to be valid estimates of skills based on observation and teacher consultations. The examiner may include a testing of limits to help explore skills further.

Standard 5: Direct observations in multiple settings with peer comparisons

Direct observations compare the child's behavior, work habits, socialization, alertness, task completion, and performance to typical peers. There are a variety of types of direct observations (e.g., interval/momentary time sampling, narrative, or structured) which can be completed as part of the evaluation, but all observations should also include information regarding factors related to OHI as outlined in the definition. It is advisable to have more than one assessment team member complete observations. These team members may provide different disciplinary perspective and expertise (e.g., school psychologist, special educator, or other professionals participating in the evaluation). In such cases, team members should collaborate with one another on the observational data when writing up a summative comprehensive view of the student's behavior(s). During the assessment, it is important to observe a wide variety of task demands/responses and social interactions. Assessment can include observations in structured settings such as during class instruction and in less structured settings such as the within the cafeteria, hallway transitions, or recess in order to provide ample opportunity.

Standard 6: Informal or formal assessments to address the following, depending on referral concerns (a) motor/physical; (b) communication skills; (c) cognitive ability; (d) adaptive behaviors; and (e) social-emotional development/ functioning.

The areas to be assessed (i.e., motor/physical, communication skills, cognitive ability, adaptive behaviors, and social-emotional development/functioning) should at minimum be addressed by informal assessments. These include checklists, questionnaires, and/or direct or indirect observations. The assessments should compare information obtained as part of a file review. However, when there are significant concerns in one of the required areas, a formal assessment should be completed. Formal assessments are typically normative and standardized which measure functioning in specific areas. Some formal measures are administered in a one-on-one setting. When formal assessments are administered for areas,

assessment specialists and team members should be mindful of the standard error of measurement (SEM).

Standard error of measure (SEM): The SEM estimates how repeated measures of a person on the same instrument tend to be distributed around his or her “true” score. The true score is always an unknown because no measure can be constructed that provides a perfect reflection of the true score. SEM is directly related to the reliability of a test; that is, the larger the SEM, the lower the reliability of the test and the less precision there is in the measures taken and scores obtained. Since all measurement contains some error, it is highly unlikely that any test will yield the same scores for a given person each time they are retested.

The SEM should be reported and considered when reviewing all sources of data collected as part of the evaluation. Below is guidance on when to use the scores falling within the SEM:

- Only use on a case-by-case basis.
- Use is supported by the TnAISF and/or other supporting evidence that the other options may be an under- or overestimate of the student’s ability.
- Assessment specialists that are trained in intellectual functioning provide professional judgement and documented reasons regarding why this may be used as the best estimate of ability.

The overall results of the assessments should be summarized in the evaluation report to include descriptions of the child’s specific strengths and weaknesses identified by measures. However, the assessment results should be compared to findings from observations, and a review of all other sources of data to provide an overall impression of the child’s skills and abilities. No one score should be viewed as the only criterion to indicate whether a child has a deficit in an area.

Adaptive behavior/daily living skills – Examples include but are not limited to the following: informal checklists or questionnaires, direct observations, or normative measures such as Adaptive Behavior Assessment System, and Vineland Adaptive Behavior Scales.

Social/emotional development/functioning – Examples include but are not limited to the following: informal checklists, questionnaires, and normative measures (e.g., Behavior Assessment System for Children-3, Conners Rating Scale-3, Browns Attention Deficit Disorder, Behavior Rating Inventory of Executive Functioning, and Achenbach Child Behavior Checklist).

Motor skills – Examples include but are not limited to the following: informal checklists or questionnaires, direct observations, normative measures (e.g., Movement Battery Assessment for Children, Beery Visual-Motor Integration), and physical therapy and/or occupational therapy present level records/evaluation reports within six months of student’s evaluation.

Communication skills – Examples include but are not limited to the following: informal checklists or questionnaires, direct observations, or normative measures (e.g., functional communication scale of the BASC-3, Oral and Written Language Scales, communication composites on ABAS or VABS), direct assessments of language skills (e.g., CELF-5, TOLD-4), and/or speech and language therapy present level records/evaluation reports within six months of student’s evaluation.

Cognitive – Examples include but are not limited to the following: direct observations, review of past performance, or formal standardized measures (e.g., Stanford Binet-5, Wechsler Intelligence Scales for Children-5, Woodcock-Johnson Tests of Cognition, Universal Nonverbal Intelligence Test).

Factors that should be considered in selecting a cognitive abilities instrument:

1. Choose evaluation instruments that are unbiased for use with minority or culturally or linguistically different student populations (e.g., ELs). Use instruments that yield assessment results that are valid and reliable indications of the student’s potential. For example, nonverbal measures may better measure cognitive ability for students who are not proficient in English or socioeconomically disadvantaged students.
2. When intelligence test results are significantly skewed in one or more areas of the test battery’s global components due to significant differences in the culturally-accepted language patterns of the student’s subculture, consider administering another measure more closely aligned with the culture, strengths, and abilities of the student.
3. Consider evidence (documented or suspected) of another disability (e.g., emotional disturbance, autism, speech and language impairments, hearing impairment, visual impairment, specific learning disabilities).
4. Be mindful that the student’s subculture may not encourage lengthy verbal responses.

If a child has previously been evaluated, the total history of assessments and scores should be obtained and considered in order to guide assessment selection, validate results, and interpret results. Consider the following:

- Are the assessment results consistent over time?
- Were areas addressed or overlooked on previous evaluations (e.g., areas of strength or weakness)?
- If the child has another disability, is that impacting the performance on the current test?
- Have the most appropriate tests been given? For example, have language, culture, test/retest factors been accounted for in the test selection?
- Do student social mannerisms, emotions, or behaviors create bias in terms of how the student is assessed?

The most reliable score on a given cognitive measure is the full scale score, or total composite score, of the assessment tool and should be used when considered valid. A comprehensive cognitive evaluation includes verbal and nonverbal components. However, understanding that factors as mentioned above (e.g., motor or visual limitations, lack of exposure to language, language acquisition, cultural differences, etc.) may influence performance on a measure and depress the overall score, there are other options that can be considered best estimates of ability based on the reliability and validity of alternate composites of given assessments. The assessment specialist trained in cognitive/intellectual assessments should use professional judgment and consider all factors influencing performance in conjunction with adaptive behavior deficits when considering the use of the standard error of measure.

Standard 7: Documentation, including observation and/or assessment, of how Other Health Impairment adversely affects the child’s educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

Document whether the health condition adversely impacts educational performance; and if it does, how it adversely impacts educational performance. This information is a culmination of all data obtained as part of the evaluation and provides an overall impression based on all sources of information. It is important to remember that the documented impact on educational performance does not necessarily mean a student is demonstrating academic deficits (e.g., poor grades, specific foundational skill deficits). Therefore, nonacademic skills/behaviors should be considered equally as educational performance is a reflection of the total involvement of a student in the school environment. It includes cognitive functioning, pre-academic skills/academic skills, adaptive behaviors/daily living skills, social-emotional development/functioning, communication skills, and participation in developmentally appropriate activities (e.g., pre-vocational skills or vocational training).

Considerations of adverse impact include the extent that the documented delays impede the child’s ability to progress in her environment. A child’s educational performance must be determined on an individual basis considering the unique needs of the child.¹²

Required Other Health Impairment Evaluation Participants

Information shall be gathered from the following persons in the evaluation of OHI:

- (1) The parent;
- (2) The child’s general education classroom teacher;
- (3) A licensed special education teacher;
- (4) A licensed medical provider (i.e., licensed physician, physician’s assistant or nurse practitioner);

¹²Letter to Lillie/Felton, 23 IDELR 714 (OSEP 1994).

- (5) A licensed school psychologist, licensed psychologist, licensed psychological examiner (under the direct supervision of a licensed psychologist), licensed senior psychological examiner, or licensed psychiatrist; and
- (6) Other professional personnel as indicated (e.g., occupational therapist, speech language pathologist).

Evaluation participants and examples of how they may contribute:

Below are examples of information participants may contribute to the evaluation.

- (1) The parent(s) or legal guardian(s):
 - developmental and background history
 - social/behavioral development
 - current concerns
 - other relevant interview information
 - rating scales
- (2) The student's general education classroom teacher(s) (e.g., general curriculum/core instruction teacher):
 - observational information
 - rating scales
 - work samples
 - RTI² progress monitoring data, if appropriate
 - FBA/BIP or behavior contracts
 - other relevant quantitative/qualitative data
- (3) The student's special education teacher(s) (e.g., IEP development teacher/case manager):
 - observational information
 - rating scales
 - work samples
 - RTI² progress monitoring data, if appropriate
 - FBA/BIP or behavior contracts
 - present levels of performance
 - pre-vocational checklists
 - transitional checklists/questionnaires/interviews
 - vocational checklists/questionnaires/interviews
 - other relevant quantitative/qualitative data
- (4) A licensed medical provider:
 - medical assessment
 - diagnosis (as indicated above in evaluation procedures)

- prognosis (if provided or available)
 - medical reports/records
 - consultative information/data
- (5) A school psychologist, senior psychological examiner, clinical or counseling psychologist, or psychological examiner (under the direct supervision of a licensed psychologist):
- direct assessment
 - school record review
 - review of outside providers' input
 - observations in multiple settings with peer comparisons
 - interviews
 - rating scales
 - other relevant quantitative/qualitative data
- (6) Other professional personnel as indicated (e.g., occupational therapist, speech language pathologist):
- direct assessment
 - functional behavior assessments/behavior intervention plans
 - rating scales
 - observations in multiple settings with peer comparisons
 - other relevant quantitative/ qualitative data

Components of Evaluation Report

The following are recommended components of an evaluation. The outline is not meant to be exhaustive, but is an example guide to use when writing evaluation results.

- reason for referral
- current/presenting concerns
- previous evaluations, findings, recommendations (e.g., school-based & outside providers)
- school history (e.g., attendance, grades, state-wide achievement, disciplinary/conduct info, BIP)
- relevant developmental and background history
- assessment instruments/procedures (e.g., test names, dates of evaluations, observations, and interviews, consultations with specialists)
- RTI/progress monitoring
- medical information [e.g., diagnoses, prognoses, past/current medication, past/current treatment approaches, health-care procedures, activity restrictions, allergies, antidotes (e.g., EpiPen, Diastat orders)], dietary requirements/choices, past/pending surgeries, description of diagnosis from physician
- current assessment and results

- Tennessee other health impairment disability definition
- educational impact statement: review of factors impacting educational performance such as attendance, classroom engagement, study skills, and education history
- summary
- recommendations

Section IV: Eligibility Considerations

After completion of the evaluation, the IEP team must meet to review results and determine if the student is eligible for special education services. Eligibility decisions for special education services is two-pronged: (1) the team decides whether the evaluation results indicate the presence of a disability **and** (2) the team decides whether the identified disability adversely impacts the student's educational performance such that s/he requires the most intensive intervention (i.e., special education and related services). The parent is provided a copy of the written evaluation report completed by assessment specialists (e.g., psychoeducational evaluation, speech and language evaluation report, occupational and/or physical therapist report, vision specialist report, etc.). After the team determines eligibility, the parent is provided a copy of the eligibility report and a prior written notice documenting the team's decision(s). If the student is found eligible as a student with an educational disability, an IEP is developed within thirty (30) calendar days.

Evaluation results enable the team to answer the following questions for eligibility:

- **Are both prongs of eligibility met?**
 - **Prong 1:** Do the evaluation results support the presence of an educational disability?
 - The team should consider educational disability definitions and criteria referenced in the disability standards (i.e., evaluation procedures).
 - Are there any other factors that may have influenced the student's performance in the evaluation? A student is not eligible for special education services if it is found that the determinant factor for eligibility is either lack of instruction in reading or math, or limited English proficiency.
 - **Prong 2:** Is there documentation of how the disability adversely affects the student's educational performance in his/her learning environment?
 - Does the student demonstrate a need for specialized instruction and related services?
- Was the eligibility determination made by an IEP team upon a review of **all** components of the assessment?
- If there is more than one disability present, what is the **most impacting** disability that should be listed as the primary disability?

Specific Considerations Related to Other Health Impairment

A medical diagnosis of a health condition is not sufficient in and of itself to determine eligibility for special education. Other health impairment is an educational disability and follows federal and state criteria as outlined in this guidance document in order to determine eligibility for services. A comprehensive evaluation that includes all evaluation standards must occur, and the team must review the results of the evaluation to help make eligibility decisions. Pre-referral interventions are not necessarily required to mitigate concerns prior to referral. Teams should consider whether general education interventions and accommodations would sufficiently meet the student's needs, particularly before determining whether specially designed instruction/related services are needed. An alternate way to support a child with a health condition who does not require special education services, but whose condition substantially impacts the student's daily functioning, is through allowable accommodations under Section 504. Section 504 is a federal law that protects individuals with disabilities. More information about Section 504 can be found at <https://www2.ed.gov/about/offices/list/ocr/504faq.html>.

Section V: Re-evaluation Considerations

A re-evaluation must be conducted **at least every three years** or earlier if conditions warrant. Re-evaluations may be requested by any member of the IEP team prior to the triennial due date (e.g., when teams suspect a new disability or when considering a change in eligibility for services). This process involves a review of previous assessments, current academic performance, and input from a student's parents, teachers, and related service providers which is to be documented on the Re-evaluation Summary Report (RSR). The documented previous assessments should include any assessment results obtained as part of a comprehensive evaluation for eligibility or any other partial evaluation. Teams will review the RSR during an IEP meeting before deciding on and obtaining consent for re-evaluation needs. Therefore, it is advisable for the IEP team to meet at least 60 calendar days prior to the re-evaluation due date. Depending on the child's needs and progress, re-evaluation may not require the administration of tests or other formal measures; however, the IEP team must thoroughly review all relevant data when determining each child's evaluation need.

Some of the reasons for requesting early re-evaluations may include:

- concerns, such as lack of progress in the special education program;
- acquisition by an IEP team member of new information or data;
- review and discussion of the student's continuing need for special education (i.e., goals and objectives have been met and the IEP team is considering the student's exit from his/her special education program); or
- new or additional suspected disabilities (i.e., significant health changes, outside evaluation data, changes in performance leading to additional concerns).

The IEP team may decide an evaluation is needed or not needed in order to determine continued eligibility. All components of The RSR must be reviewed prior to determining the most appropriate decision for re-evaluation. Reasons related to evaluating or not evaluating are listed below.

NO evaluation is needed:

- The team determines no additional data and/or assessment is needed. The IEP team decides that the student will continue to be eligible for special education services with his/her currently identified disability/disabilities.
- The team determines no additional data and/or assessment is needed. The IEP team decides that the student will continue to be eligible for special education services in his/her **primary** disability; however, the IEP team determines that the student is no longer identified with his/her secondary disability.
- The team determines no additional data and/or assessment is needed. The student is no longer eligible for special education services.
- (Out of state transfers): The team determines additional data and/or assessment is needed when a student transferred from out of state, because all eligibility requirements did NOT meet current Tennessee state eligibility standards. Therefore, the IEP team decides that the student would be eligible for special education services in Tennessee with their previously out-of-state identified disability/disabilities while a comprehensive evaluation to determine eligibility for Tennessee services is conducted.

Evaluation is needed:

- The team determines no additional data and/or assessment is needed for the student's **primary** disability. The IEP team decides that the student will continue to be eligible for special education services in his/her **primary** disability; however, the IEP team determines that the student may have an additional disability; therefore, an evaluation needs to be completed in the suspected disability classification area to determine if the student has a secondary and/or additional disability classification. In this case, the student continues to be eligible for special education services with the currently identified primary disability based on the date of the decision. The eligibility should be updated after the completion of the secondary disability evaluation if the team agrees a secondary disability is present (this should not change the primary disability eligibility date).
- The team determines additional data and/or assessment is needed for program planning purposes only. This is a limited evaluation that is specific to address and gather information for goals or services. This evaluation does not include all assessment components utilized when determining an eligibility NOR can an eligibility be determined from information gathered during program planning. If a change in primary eligibility needs to be considered, a comprehensive evaluation should be conducted.

- The team determines an additional evaluation is needed to determine if this student continues to be eligible for special education services with the currently identified disabilities. A comprehensive is necessary anytime a team is considering a change in the primary disability. Eligibility is not determined until the completion of the evaluation; this would be considered a comprehensive evaluation and all assessment requirements for the eligibility classification in consideration must be assessed.

When a student's eligibility is changed following an evaluation, the student's IEP should be reviewed and updated appropriately.

Specific Considerations Related to Other Health Impairment

The documented medical assessment of the most recent evaluation should be included in the Re-evaluation Summary Report (RSR) and should be attached to the completed paperwork. It is not required that teams obtain a new medical assessment for every re-evaluation unless it is determined a comprehensive re-evaluation is needed. If the team questions whether the student continues to demonstrate a health condition or if that condition continues to impact the student's educational performance, a comprehensive re-evaluation would be warranted.

Appendix A: TN Assessment Instrument Selection Form (TnAISF)

This form should be completed for all students screened or referred for a disability evaluation.

Student's Name _____ School _____ Date ____/____/____

The assessment team must consider the strengths and weaknesses of each student, the student's educational history, and the school and home environment. The Tennessee Department of Education (TDOE) does not recommend a single "standard" assessment instrument when conducting evaluations. Instead, members of the assessment team must use all available information about the student, including the factors listed below, in conjunction with professional judgment to determine the most appropriate set of assessment instruments to measure accurately and fairly the student's true ability.

CONSIDERATIONS FOR ASSESSMENT		
THIS SECTION COMPLETED BY GIFTED ASSESSMENT TEAM	LANGUAGE	<input type="checkbox"/> Dominant, first-acquired language spoken in the home is other than English <input type="checkbox"/> Limited opportunity to acquire depth in English (English not spoken in home, transience due to migrant employment of family, dialectical differences acting as a barrier to learning)
	ECONOMIC	<input type="checkbox"/> Residence in a depressed economic area and/or homeless <input type="checkbox"/> Low family income (qualifies or could qualify for free/reduced lunch) <input type="checkbox"/> Necessary employment or home responsibilities interfere with learning
	ACHIEVEMENT	<input type="checkbox"/> Student peer group devalues academic achievement <input type="checkbox"/> Consistently poor grades with little motivation to succeed
	SCHOOL	<input type="checkbox"/> Irregular attendance (excessive absences during current or most recent grading period) <input type="checkbox"/> Attends low-performing school <input type="checkbox"/> Transience in elementary school (at least 3 moves) <input type="checkbox"/> Limited opportunities for exposure to developmental experiences for which the student may be ready
	ENVIRONMENT	<input type="checkbox"/> Limited experiences outside the home <input type="checkbox"/> Family unable to provide enrichment materials and/or experiences <input type="checkbox"/> Geographic isolation <input type="checkbox"/> No school-related extra-curricular learning activities in student's area of strength/interest
	OTHER	<input type="checkbox"/> Disabling condition which adversely affects testing performance (e.g., language or speech impairment, clinically significant focusing difficulties, motor deficits, vision or auditory deficits/sensory disability) <input type="checkbox"/> Member of a group that is typically over- or underrepresented in the disability category
	OTHER CONSIDERATIONS FOR ASSESSMENT	
	<input type="checkbox"/> May have problems writing answers due to age, training, language, or fine motor skills <input type="checkbox"/> May have attention deficits or focusing/concentration problems <input type="checkbox"/> Student's scores may be impacted by assessment ceiling and basal effects <input type="checkbox"/> Gifted evaluations: high ability displayed in focused area: _____ <input type="checkbox"/> Performs poorly on timed tests or is a highly reflective thinker and does not provide quick answers to questions <input type="checkbox"/> Is extremely shy or introverted when around strangers or classmates <input type="checkbox"/> Entered kindergarten early or was grade skipped _____ year(s) in _____ grade(s) <input type="checkbox"/> May have another deficit or disability that interferes with educational performance or assessment	

SECTION COMPLETED BY ASSESSMENT PERSONNEL

As is the case with all referrals for intellectual giftedness, assessment instruments should be selected that most accurately measure a student's true ability. However, this is especially true for students who may be significantly impacted by the factors listed above. Determine if the checked items are compelling enough to indicate that this student's abilities may not be accurately measured by traditionally used instruments. Then, record assessment tools and instruments that are appropriate and will be utilized in the assessment of this student.

Assessment Category/Measure: _____	Assessment Category/Measure: _____	Assessment Category/Measure: _____
---------------------------------------	---------------------------------------	---------------------------------------

Appendix: B: Sample Release of Information

Student: _____	School: _____
Date of Birth: _____	Parent/Guardian: _____
Address: _____	Phone: _____

Your child has been referred for an evaluation for special education services. Additional information is needed to assist in determining the need for special education. This information will be confidential and used only by persons directly involved with the student.

For this evaluation, we are requesting information from the indicated contact person/agency:

Name of contact and/or agency/practice: _____

Address: _____

Phone Number: _____ Fax number: _____

- Medical
 Psychological/ Behavioral
 Vision/ Hearing
 Other: _____

In order to comply with federal law, your written permission is required so that the school system can receive information from the contact/doctor listed. Please sign on the line below and return to _____ at his school. Thank you for your assistance in gathering this information needed for your child's assessment. If you have any questions regarding this request, please feel free to call (____) _____ for clarification.

I authorize _____ (provider) to disclose protected health information about my child _____ to the _____ school system. The release extends for the period of year or for the following period of time: for _____ to _____.

I do not authorize the above provider to release information about my child to the _____ school system.

Parent/Guardian Signature

Appendix C: Medical Information Form

AUT EMD OHI OI TBI

PHYSICIAN: This student is being evaluated by _____ Schools to determine if additional educational services are needed due to a possible medical condition that might significantly impact school performance. We are considering a possible disability as checked above in one of the following disability categories: autism, emotional disturbance, other health impairment, orthopedic impairment, or traumatic brain injury. The Disability Eligibility Standards for each can be reviewed on the web at <http://state.tn.us/education/speced/seassessment.shtml#INITIAL>. The information below is a necessary part of the evaluation to help the IEP Team determine whether or not the student requires in-class interventions, direct or related services in special education and/or other services in order to progress in the general curriculum.

Student: _____ **Birth Date:** _____ **School:** _____

Parent/ Guardian: _____ **Address:** _____

Date of Evaluation/Examination: _____

Check below if you have diagnosed the student with any of the following:

Autism Spectrum Disorder – Impressions/information that might help rule out or confirm diagnosis

Describe/Specify: _____

Emotional Disturbance – Include and physical conditions ruled out as the primary cause of atypical behavior and psychiatric diagnoses

Describe/Specify: _____

Orthopedic Impairment – The impairment will primarily impact (please circle): mobility daily living other: _____

Describe/Specify: _____

Other Health Impairment: (check all that apply) ADHD-predominately inattentive ADHD-predominately Impulsive/Hyperactive ADHD-Combined Other health condition(s): _____

Special health care procedures, special diet and/or activity restrictions:

Traumatic Brain Injury – Specify: _____

The injury causes the following impairment(s) (please check): physical cognitive psychosocial other: _____

Please Describe: _____

General Health History and Current Functioning: _____

Diagnosis(es)/etiology: _____

Prognosis: _____

Medications: _____

How does this medical or health condition impact school behavior and learning?

Recommendation: _____

Does the student have any other medical condition or disorder that could be causing the educational and/or behavior difficulties? Yes No If yes, explain:

Physician's Name Printed: _____

Address: _____

Physician's signature: _____ Date: _____

Appendix D: Sample Developmental History

CONFIDENTIAL PARENT QUESTIONNAIRE

To Be Completed by Parent or Parent Interview

Student Information

Name: _____ Form completed by: _____ Date: __/__/__

Date of birth: _____ Age: _____

Parents/Legal Guardians (Check all that apply.)

With whom does this child live?

Both parents Mother Father Stepmother Stepfather

Other: _____

Parents'/Legal Guardians' Name(s): _____

Address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

List names/ages/relationships of people at home: _____

Are there any languages other than English spoken at home? Yes No

If yes, what language(s)? _____ By whom? _____ How often? _____

Areas of Concern (Check all that apply.)

- Behavioral/emotional Slow development Listening
 Immature language usage Difficulty understanding language Health/medical
 Slow motor development Vision problems Inconsistent development
 Speech difficult to understand Other: _____

Why are you requesting this evaluation? _____

Did anyone suggest that you refer your child? Yes No

If yes, name and title: _____

Has a physician, psychologist, speech pathologist or other diagnostic specialist evaluated your child? Yes No

Was a diagnosis determined? Yes No Please explain: _____

Preschool History (Check all that apply.)

Preschool/daycare programs attended

Name: _____ Address: _____ Dates _____

Name: _____ Address: _____ Dates _____

List any special services that your child has received (e.g., Head Start, TIPS, TEIS, therapy, etc.)

Type of service: _____ Age: _____ Dates: _____ School/agency: _____

Type of service: _____ Age: _____ Dates: _____ School/agency: _____

If your child has attended a preschool or daycare and problems were discussed with you concerning his/her behavior, explain what was tried and if you think it worked.

Developmental History

Pregnancy and Birth

Which pregnancy was this? 1st 2nd 3rd 4th Other _____ Was it normal? Yes No

Explain any complications: _____

Was your child Full term? Premature? What was the length of labor? _____

Was the delivery: *Spontaneous?* Yes No *Induced?* Yes No *Caesarian?* Yes No

Birth weight _____ Baby's condition at birth (jaundice, breathing problems, etc.):

Motor Development (*List approximate ages*)

Sat alone _____ Crawled _____ Stood alone _____

Walked independently _____ Fed self with a spoon _____

Toilet trained _____ Bladder _____ Bowel _____

Medical History

List any significant past or present health problems (e.g., serious injury, high temperature or fever, any twitching or convulsions, allergies, asthma, frequent ear infections, etc.).

List any medications taken on a regular basis.

Speech and Language (*List approximate ages*)

_____ Spoke first words that you could understand (other than *mama* or *dada*)

_____ Used two-word sentences

_____ Spoke in complete sentences

_____ Does your child communicate primarily using speech?

_____ Does your child communicate primarily using gestures?

_____ Is your child's speech difficult for others to understand?

_____ Does your child have difficulty following directions?

_____ Does your child answer questions appropriately?

Social Development

What opportunities does your child have to play with children of his/her age? _____

What play activities does your child enjoy? _____

Does s/he play primarily alone? Yes No With other children? Yes No

Does s/he enjoy "pretend play?" Yes No

Do you have concerns about your child's behavior? Yes No If yes, please explain.

How do you discipline your child? _____

Thank you for providing the above developmental information on your child. Please return to _____ . If you have any questions, please feel free to contact _____ at _____ .

Appendix E: References

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