Attention Difficulties, Attention Deficit Hyperactivity Disorder (ADHD) and Other Health Impairment Guidelines

Copper Country Intermediate School District
Fall 2017

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Purpose of this Document

This document was developed by the school psychologists of the Copper Country Intermediate School District in order to provide information on strategies, resources, and eligibility for services for students with attention difficulties.

Regardless of an evaluation or diagnosis, this document serves to provide strategies for any students having difficulties attending as well as guidance for parents and teachers on how to best meet the needs of any student with attention difficulties.

The Continuum of Attention Difficulties: When might you consider an evaluation for ADHD?

While many students occasionally have difficulty sustaining attention and have high activity levels, students that cross the threshold of being identified as having ADHD have levels of inattention and hyperactivity/impulsivity that are developmentally inconsistent with their age, are across settings, have persisted over time, and impact their academic or social life. It can be a difficult decision whether or not to evaluate for ADHD and determine how to navigate what interventions or services to pursue while attempting to minimize disruption to a student.

What does an ADHD Evaluation look like?

There is no single test that can identify whether or not a student has ADHD. Comprehensive evaluations are multifaceted, including behavioral, medical and educational assessments.

Behavioral Evaluations: Behavioral evaluations may consist of classroom observations, and having both teachers and parents (and sometimes students) complete a behavior rating scale, such as the Conners Rating Scales. These observations and rating scales can help in identifying whether or not the behavior is developmentally consistent with a student's age, classroom, and gender. It can also help to pinpoint how many symptoms of ADHD the student may be exhibiting at home and school. Your local school psychologist can help with observing a student in the classroom and distributing rating scales at no cost to the family. Medical

professionals also often distribute the same, or similar rating scales. Parents are encouraged to share any information gathered by the school with their child's physician.

Educational Evaluations: An educational evaluation helps to determine to what extent ADHD symptoms may be impairing a student's school performance. Sometimes educational evaluations can be completed by looking at existing information (a student's grades or performance on academic screening measures). While some students have scored consistently well on academic screeners and classroom assessments, other students with ADHD have co-occurring learning problems or disabilities, and so may need further individualized achievement testing to target academic strengths and weaknesses. Classroom observations may also help in determining the extent to which ADHD symptoms may be impairing academic performance.

Medical Evaluations: While a medical evaluation may not be required for getting a student access to school interventions or accommodations, in the State of Michigan a medical diagnosis is a required component of eligibility for special education services. In addition, a thorough medical evaluation may help in ruling out potential medical conditions that could also cause symptoms similar to ADHD symptoms. It is important to note that a medical evaluation alone does not automatically qualify a student for accommodations or special education services in school, but is certainly given consideration. For further information on the eligibility for services for students with ADHD, please refer to the 504 and Special Education Eligibility sections in this document.

What is ADHD?

ADHD is a neurodevelopmental disorder affecting both children and adults. It is described as a "persistent" or ongoing pattern of inattention and/or hyperactivity-impulsivity that gets in the way of daily life or typical development. Students with ADHD may also have difficulties with maintaining attention, executive function (or the brain's ability to begin an activity, organize itself and manage tasks) and working memory. There are three presentations of ADHD: Inattentive, Hyperactive-impulsive, and Combined inattentive and hyperactive-impulsive.

Inattentive presentation:
- Fails to give close attention to details or makes careless mistakes
- Has difficulty sustaining attention
- Does not appear to listen
- Struggles to follow through on instructions
- Has difficulty with organization
- Avoids or dislikes tasks requiring a lot of thinking
- Loses things
- Is easily distracted
- Is forgetful in daily activities

Hyperactive-impulsive presentation:
- Fidgets with hands or feet or squirms in chair
- Has difficulty remaining seated
- Runs about or climbs excessively (in children); extreme restlessness (in children or adults)
- Difficulty engaging in activities quietly
- Acts as if driven by a motor; adults will often feel inside like they are driven by a motor

- Talks excessively
- Blurts out answers before questions have been completed
- Difficulty waiting or taking turns
- Interrupts or intrudes upon others.

Combined inattentive and hyperactive-impulsive presentation: Has symptoms from both of the above presentations.

American Psychiatric Association (2013). Diagnostic and statistical manual of mental disorders (DSM-5), Washington, D.C.: American Psychiatric Association

STRATEGIES

Tier 1 Strategies that tend to work with students with attention difficulties (Strategies designed to help all children)

Positive Behavior Interventions and Supports (PBIS):

Many of our local schools utilize something called Positive Behavior Interventions and Supports (PBIS) with all of their students. The essential components, while important for every student, are even more important pieces to have in place for students with attention difficulties. The big ideas of PBIS include:

-**Teaching** Behavior Expectations
-**Monitoring** Expected Behavior
-**Acknowledging** and Encouraging Correct Behavior
-**Correcting** Behavior through a Continuum of Consequences
-Using **Data** for Decision Making

Tier 2 Strategies (Targeted Strategies or Interventions)

While many students with ADHD may respond to strategies, such as Positive Behavior Interventions and Supports, some students may benefit from additional individualized interventions (Tier 2 strategies).

Note: An important concept in helping a student with attention difficulties behave more responsibly is to focus an intervention on something that is manageable for both you and the student. Identify one specific behavior the student exhibits (or does not exhibit) that causes problems. Gather data to establish the baseline, and target the behavior with an intervention plan. You may want to choose a behavior that occurs most often or is the biggest disruption to academic success or the classroom environment. Focus on one behavior at a time, such as blurting, or staying seated. Document interventions and data for future teachers and planning.

Home School Collaboration:

Positive results are most likely to occur when all those involved in a student's education work together to address the identified needs. Collaboration and communication between home and school is most likely to result in positive changes for a student. Common rewards, reinforcement strategies, and language help to promote consistency across the majority of a student's day.

Student Assistance Team Meetings:

Though any strategies to help students with attention difficulties can be done independently by a parent or teacher, sometimes a student assistance team meeting is held to get people together to collaborate and plan how to best meet student needs.

Student Assistance Team (SAT) meetings, sometimes called Student Support Team meetings or Child Study team meetings, typically cover the following topics:
> -identifying student strengths and weaknesses
> -prioritizing a behavior or skill to improve
> -setting up a goal for the student
> -selecting a strategy to help the student both at home and in school, with follow up meeting(s) to check progress as needed

Any student can be brought to the attention of a student assistance team by a concerned parent or teacher.

Check In Check Out

(CICO - also known as The Behavior Education Program or BEP): is a highly effective research based intervention program that can be changed and adapted to suit any school situation. It provides daily support and monitoring for students who are at risk for developing serious or chronic problem behavior. This intervention increases the frequency of positive interactions between the student and adults in the building. It is designed to address problem behaviors that are maintained by attention.

The program consists of students checking in daily with an adult at the start of the school day to retrieve a goal sheet and encouragement, teachers provide feedback on the sheet throughout the day, students check out at the end of the day with an adult, and the student takes the sheet home to be signed, returning it the following morning at check in.

See the Appendix for a sample CICO sheet.

Presentation of Material and Skill/Strategy Development

Work on the most difficult concepts early in the day.
Vary the pace and type of activity to maximize the student's attention.
Remember the 4:1 rule: 4 positive interactions for each negative.
Structure the student's environment to accommodate his/her needs, for example:
1. Make your classroom environment, routines and behavior expectations clear and predictable. State rules positively; make rules and consequences clear and apply these consistently.
2. Seat student near to where the teacher is most often
3. Seat away from potentially distracting areas (such as doors, windows, computers, other students with attention or behavioral difficulties)
4. Seat near another student who is a good role model or who is working on the same assignment

Modify the presentation of information so that it is more easily remembered; for example:
1. Give directions to one assignment or task at a time instead of directions to multiple tasks all at once.
2. Organize and simplify directions; make them specific, clear, brief.
3. Simplify directions so that the most important information stands out.
4. Provide directions orally and in writing.
5. Check for understanding before the student begins work on an assignment or task
6. Make eye contact when giving individualized directions.

Provide templates or checklists for routines that are repeated: The template lays out the steps to complete a repetitive task such as the following:
1. Chores
2. Daily routines
3. Specific academic skills (for example, steps for long division)

Teach strategies and techniques to compensate for working memory weaknesses:
1. Teach the student to repeat directions several times in her head to help remember them
2. Teach the student to read directions to himself both before and after completing an assignment or test
3. Teach the student how to fill in an assignment book or sheet and check it daily for accuracy until student shows the ability to do it independently.

Develop a private attention cue to prompt the student to stay on task.
Teach self monitoring:
For students who
- have poor attention, focus and impulse control
- are disorganized or scattered
- are overly talkative or social
- have trouble being prepared, remembering materials, homework, etc.
- who exhibit chronic or compulsive behaviors, like tapping, making sounds, etc.

Teaching self monitoring promotes independence, improves on-task behaviors, increases productivity, improves self awareness. See web resources for more information.

Break down assignments into smaller units or less complex tasks.
- Check in after completion of each part.
- Consider setting a timer for completion of each part
- Provide advance warning that work time is about to end.

Behavior/Contingency Management:

Contingency Management is based on the idea that behavior is related in a predictable way to the consequences of their behavior. For example, if an action is followed by a positive consequence (positive for that person), then the individual is likely to repeat that action. In contrast, if an action is followed by a negative consequence (negative for that person), then the individual is unlikely to repeat the action. Negative consequences include both no response (e.g., the person's action is ignored) and punishing responses. There are four categories of contingency management, including the following:

Positive Reinforcement: A response that follows a behavior and increases the chance that the behavior will occur again by providing a positive consequence. [Examples: Getting called on when a student raises his hand to volunteer an answer (if that's a positive experience for the student); earning a new colored pencil when a writing assignment is completed (if it's a desirable object for the student)]. Natural and logical reinforcers can be easy to administer, yet powerful. Increasing positive reinforcement can create a positive learning and communication environment, which may be especially helpful for students with ADHD, who often are frequently corrected. Tangible reinforcers for positive behaviors can be considered if needed to make the desirable target behavior more likely to occur, and faded as students gain independence.

Negative Reinforcement: A response that follows a behavior and increases the chance that the behavior will occur again by removing a negative consequence. [Examples: A student reduces anxiety by practicing a breathing strategy; a student reduces cognitive frustration by asking for help].

Extinction: Extinction is when a behavior is followed by no response. [Examples: A student receives a timeout for arguing; Ignoring a student who is blurting out answers in class]. Ignoring undesirable behavior can reduce the likelihood of that behavior occurring, but if reinforced at all, can actually have the opposite effect. It is also important not to use extinction with dangerous or aggressive behaviors.

Punishment: A response that follows a behavior and decreases the chance that the behavior will occur again by providing an undesirable consequence. [Examples: A student is held after class for disrupting instruction; A student is made to clean the classroom floor after throwing pieces of paper around]. If punishment is natural and logical and restorative in nature, it can be beneficial, but aversive consequences by themselves may not teach positive behavior skills. An over reliance on punishment can result in an increase in avoidance/escape behavior.

Strategies for Home

Helping a child with attention difficulties can challenging. Focusing on the need for structure and routine throughout your child's day can over time help your child learn self-control and self-regulation. The following are some suggestions for parents:

- Focus on discrete rewards and consequences for appropriate and inappropriate behavior, for example:
  - Tangible rewards and treats
  - Movie or game night for a good week at school
  - Removal of privileges (access to social media, cell phone, car, etc.)
  - Time out from reinforcing activities (remove the child from situations that encourage inappropriate behavior

- Set a daily routine and stick to it. Bedtime and preparation for school are much easier if there is a structure already in place
- Have tangible reminders:
  - A big clock in the bedroom
  - Charts for chores
  - Assignment pad to record homework and a specific folder to put work in when completed
  - Gain your child's attention before speaking to him or her. Have your child repeat back directions for things that are really important
- Avoid the following:
  - Repeating patterns of inappropriate behavior followed by ineffective punishment
  - Administering consequences without prior warning or without the child understanding why he or she is receiving them
  - Responding inconsistently to inappropriate behaviors.

- Homework completion:
  - Set a specific time (when your child is most likely to be able to attend and when you can able to monitor) and place (relatively free from distraction) to complete homework each day
  - With your child, break down the homework assignments into smaller, manageable segments
  - Start with a relatively easy segment to help build momentum for completing the rest of the homework
  - Be sure your child understands the directions and how to complete the task before beginning each segment
  - Consider setting a timer for each segment
  - Allow brief breaks between segments

Tier 3 Strategies (Intensive Interventions and Support)

Collaborative Behavior Planning/Functional Behavior Analyses:

Collaborative Behavior Planning refers to a process involving parents, teachers and behavior outreach personnel that helps to plan for students whose behavior may be interfering with their academic or social functioning at school. When requested, behavior outreach personnel from the CCISD attend a meeting with parents and teachers with the purpose of analyzing the function of the behavior and developing a behavior intervention plan. Typically these meetings:

- Identify both strengths and weaknesses of student behavior
- Identify antecedents and consequences that may be increasing the likelihood of the behavior to occur
- Set up a way to collect data on the behavior
- Set a priority behavior to target
- Develop a behavior plan with strategies to increase positive behaviors and decrease interfering behaviors
- Follow up with meetings as necessary to assess progress

This service is available free of charge through the Copper Country Intermediate School District.
Requests for Collaborative Behavior Planning can be found at (scroll down the page):
http://www.copperisd.org/se_forms.html

Eligibility for Additional Services

General Education Plan
504
Special Education

A continuum of services are available for students who have specific needs in school because of their ADHD. Under the Individuals with Disabilities Education Act (IDEA), schools are required to determine what the Least Restrictive Environment is for a student. This means that a student who has a disability should have the opportunity to be educated with non-disabled peers to the greatest extent appropriate. Through our local educational agencies and the Copper Country Intermediate School District a continuum of services are available to support students with ADHD. It may be important to note that many students with ADHD do not receive accommodations or specialized instruction and are able to be successful in school. However, when ADHD symptoms are interfering with a student's success, there are several other options that could be considered.

General Education Plan:

A general education plan is something written up by a teacher or a Student Assistance Team that can be put in a student file indicating strategies they have found to work with an individual student. General education plans are not legally binding and students do not need to have a disorder or a disability in order to qualify for a General Education Plan.

504 Plan:

A '504 Plan' comes from Section 504 of the Americans with Disabilities Act. A 504 Plan is a legally binding document. The 504 Plan is a plan developed to ensure that a child who has a disability identified under the law has equal opportunity to obtain the same results, gain the same benefit, or reach the same level of achievement as other students. In order to qualify for a 504 Plan, a student must have a documented disability, a record of, or is regarded as having a physical or mental impairment that substantially limits one or more major life activities. Accommodations for students are individualized, but could potentially include things like medication administration at school, preferential seating, movement breaks, shortened assignments, or extended timelines on work. It is important to include student, parent, and teacher input when deciding which accommodations are most appropriate for an individual student. 504 accommodations are made within the general setting.

Special Education Services, or Individualized Education Programs (IEPs):

For some students, general education accommodations and instruction are not enough to access the curriculum appropriately. If a student has
-documentation of a medically diagnosed attention deficit hyperactivity disorder
AND
-an adverse impact on the educational performance (see Appendix)

AND
-the student requires specialized instruction from special education personnel,
then students may potentially be eligible for special education services.

To be eligible for special education services, students must have a disability as defined by the Individuals with Disabilities Education Act, which has more specific eligibility requirements than 504. There are 13 different disability eligibilities for special education services. Students with ADHD might be eligible for services under 'Other Health Impairment' eligibility. While a medical diagnosis is required for special education eligibility in Michigan for 'Other Health Impairment', it is not sufficient for eligibility. The school must also determine 'adverse impact on educational performance' (see table in Appendix). A recommendation of special education eligibility must be made by a multidisciplinary evaluation team while taking into consideration the medical diagnosis, classroom observations, environmental factors, student achievement and behavior in school, and need for special education services. Some students with ADHD may also have a co-occurring specific learning disability which may be another potential eligibility for special education services. Evaluations for these eligibilities can be completed with help from Copper Country Intermediate School District staff free of charge. It is often best practice to consider general education interventions and accommodations prior to special education services to ensure that a student is educated with their non-disabled peers as much as possible.

Frequently Asked Questions

Is a physician's report that includes a diagnosis sufficient documentation for "physician participation" for an initial evaluation?
Yes. The report may be used when it is dated within one year of the IEP. Again, though, it is important to note that a medical evaluation alone does not automatically qualify a student for accommodations or special education services in school, but is certainly given consideration.

Is a physician's report that includes a diagnosis sufficient documentation for 'physician participation" for a reevaluation.
It depends. If the reevaluation REED indicates a need to redetermine the continuation of the disability (absence or presence), a current physician statement is required (i.e,within a year if the IEP). However, if the reevaluation REED only requires additional academic assessment, a physician's statement is not required.

Is a physician's report that includes a diagnosis sufficient documentation for physician participation" for reevaluation that may terminate eligibility?
It depends. The evaluation team may recommend ineligibility in cases where the student continues to have a health problem but no longer exhibits an adverse impact on educational performance. In this instance, a physician's participation is not required. However, if it is suspected that a student no longer has a health problem and may be ineligible, a physician's participation would be required to determine ineligibility.

Are all students with a medical diagnosis eligible for special education and related services in the category of other health impairment?
No. There are students in all special education eligibility categories that have a medical diagnosis. A medical diagnosis of any type does not automatically qualify a student for special education. The health

problem must create limited strength, vitality, alertness or heightened alertness to environmental stimuli that has a negative impact the student's ability to benefit from general education. In all cases, a documented link between the student's health problem and an adverse impact on educational performance is required.

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 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.

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

No. As with 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, adaptations in the general education setting are required and are documented in a 504 plan.

What kind of support can be provided under a 504 plan?

504 plans are the responsibility of general education. Typically, students on 504 plans receive accommodations. Accommodations fall into three general categories:

Physical Accommodations: May include air conditioners, ramps, door handles, chairs, seating arrangements, classroom location, and writing tools.

Instructional Accommodations: May include shortened assignments, extended time to finish assignments, homework modifications, assistance with developing organizational skills and monitoring work completion.

Related Aids and Services: May include transportation and health services, which may also be provided as an accommodation. However, there are no limits on either the kinds of services provided or where the services are provided. Students with a 504 plan can receive specialized instruction, related services, or accommodations within the general education classroom.

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

Yes. When health issues or medical treatments result in diminished endurance or tolerance, or a compromised immune system, homebound services may be considered. While receiving homebound 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 attaining a diploma.

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 to share student health information with a student's physician or other health-care providers, including nurse practitioners, dentists, psychologists and physical therapists. School personnel submit a signed release of information that includes the (respective 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.

How are the observable, measurable indicators of limited strength, vitality, alertness and heightened alertness documented?

The observable, measurable indicators of the student's strength, vitality and alertness can be documented by:

    a. Medical verification by a physician
    b. Written documentation of classroom observations
    c. Student performance in more than one setting

How is data indicating adverse impact on educational performance documented?

Adverse impact on educational performance can be documented in several ways including teacher reports indicating diminished performance in fine or gross motor skills, work completion, academic skill development, ability to attend and profit from instruction, negative impacts on behavior, grades, performance on district assessments, parent input, observations, rating scales and achievement tests.

Additional Resources

Websites

Free webinars http://www.chadd.org

Parent Handout
https://www.nasponline.org/Documents/Resources%20and%20Publications/Handouts/Families%20and%20Educators/ADHD_a_Primer_For_Parents_and_Educators.pdf

Positive Behavioral Interventions and Supports: www.pbis.org

ADHD Information from the US Department of Education:
http://www2.ed.gov/rschstat/research/pubs/adhd/adhd-identifying.html

ADHD Fact Sheet: http://www.cdc.gov/ncbddd/adhd/documents/adhdfactsheetenglish.pdf

Teaching Strategies: https://www.teachervision.com/add-and-adhd/resource

US Dept. of Education Teaching Strategies & Practices
http://www2.ed.gov/rschstat/research/pubs/adhd/adhd-teaching-2008.pdf

Self Monitoring
http://polkdhsd7.sharpschool.com/staff_directory/p_b_s_behavior_intervention/tier_2_interventions/self_monitoring/

Local Resources

Local Counselors/Mental Health Providers

Access Psychological*+
108 N. Main St.
L'Anse, MI 49946
Telephone: 877-304-0058

Barbara Kettle Gundlach
Shelter Home
PO Box 8
Calumet, MI 49913
Telephone: 906-337-5623
http://bkgshelterhome.org
Fees: No fee for service
For Issues Related to Domestic Violence

Copper Island Behavioral Health*+
810 Quincy St.
Hancock, MI 49930
Telephone: 906-482-9440
http://copperislandbehavioralhealth.com/

Dial Help*

MTU Counseling Services
301 Administration Building
1400 Townsend Dr.
Houghton, MI 49931
Telephone: 906-487-2538
http://www.mtu.edu/counseling/

Substance Abuse/Assessment Services*
902 W. Sharon Ave.
Houghton, MI 49931
Telephone: 906-482-7473 or 888-482-4097
http://www.wupsasca.org/
Fees: Sliding scale

VA Clinic - Hancock
787 Market St., Suite 9
Hancock, MI 49930
Telephone: 906-482-7762
http://ironmountain.va.gov/visitors/Hancock.asp

North Coast Counseling Services*+

609 Sheldon Ave.   300 Dunstan St.
Houghton, MI 49931   Hancock, MI 499930
Telephone: 906-482-4357 / 800-562-7622   Telephone: 888-227-9884 / 906-523-5580
http://dialhelp.org/   http://northcoastcounselingservices.com/
Fees: Sliding Scale   Contact: Tim Payment

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Private Providers

Indigo Creek Counseling Center, Kim Menzel LMSW, ACSW*+........................ Telephone: 906-281-4852
Mark Campbell-Olszewski, MA LLP+..Telephone: 906-482-3551
Shirley Galbraith, ACSW+.....................................Telephone: 906-482-5309; Message: 906-337-5480
Gary Kilpela, PsyD*+..Telephone: 906-281-3459
Robert Lamb PhD+.........................Practices in Marquette & L'Anse…………...Telephone: 906-458-3999
Sharon Levine ACSW+..................Adult & Child Therapy…………………………...Telephone: 906-482-3361
Crystal McLeod MA LLP+..............Psychological Testing for Children only........Telephone: 906-370-4701
Debbie Makkonen MS MFC LPC+*...Telephone: 906-369-0791
Lawrence Pollack PhD*+...Telephone: 906-482-8332
Kathryn Salmi Rev/MA/MDiv*+...Telephone: 906-482-2231

*Accepts UPHP Medicaid and MI Child; UP Health Plan members may call their Health Plan at 800-836-2556 to inquire about providers
+Provides services for children
For information only: No endorsement expressed or implied.

Acknowledgements

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U.S. Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs, *Identifying and Treating Attention Deficit Hyperactivity Disorder: A Resource for School and Home,* Washington, D.C., 2008

U.S. Department of Education, Office of Special Education and Rehabilitative Services, Office of Special Education Programs, *Teaching Children with Attention Deficit Hyperactivity Disorder: Instructional Strategies and Practices,* Washington, D.C., 2008.

Sprick, R., Booher, M. and Garrison, M (2009). *Behavioral Response to Intervention: Creating a Continuum of Problem-Solving and Support.*

Genesse County Association of Special Education Administrators, *Guidelines for Students with Other Health Impairments R340.1709a: Criteria for Eligibility,* 2011.

Charlevoix-Emmet Intermediate School District , *Guideline Document: Identification of Individuals with a Disability, Other Health Impairment,* 2012.

Helping Children with Executive Functioning by Joyce Cooper-Kahn, PhD, and Laurie Dietzel, PhD, CHADD, February 2009; Adapted with permission from *Late, Lost, and Unprepared* by Joyce Cooper-Kahn, PhD, and Laurie Dietzel, PhD, published by Woodbine House, Bethesda, MD, 2008.

American Psychiatric Association (2013). Diagnostic and statistical manual of mental disorders (DSM-5), Washington, D.C.: American Psychiatric Association

Appendix

Special Education Guidance for Determining Adverse Impact on Educational Performance

OTHER HEALTH IMPAIRMENT

Purpose: This tool may be used by school teams for guidance to assess the adverse impact of a health problem on performance in the general education setting. This would be used only after general education interventions have been considered or implemented. A medical diagnosis is also a required part of 'Other Health Impairment' eligibility in Michigan.

Area Assessed	IMPACT			
	None	**Mild**	**Moderate**	**Severe**
Achievement: Curriculum Based Measures (DIBELS, CARI or AIMSWEB, PELI)	☐ All scores at or above benchmark, or ≥ 25th percentile	☐ Mixture of at or above benchmark and below, or 10th to 24th percentile	☐ Below benchmark, or 6th to 9th percentile.	☐ Well below benchmark, or ≤5th percentile
Achievement: M-STEP, MEAP, PLAN, ACT, SAT	☐ Proficient or Advanced ≥ 25th percentile	☐ Proficient and/or Partially Proficient or 10th to 24th percentile	☐ Partially and/or Not Proficient, or 6th to 9th percentile	☐ Not Proficient, or ≤ 5th percentile
Achievement: Individually norm-referenced (e.g. WJ-IV, GORT-5, KTEA-3)	☐ ≥ 25th percentile	☐ 10th to 24th percentile	☐ 6th to 9th percentile	☐ ≤ 5th percentile
Achievement: Report Card or Current Grades	☐ All report card grades are A, B, C or "Satisfactory" or "Meets Expectations"	☐ Passing all classes with grades of A, B, C, D, progressing or developing	☐ Passing some classes but one or more E, or "Needs Improvement"	☐ Mostly D, E, "Needs Improvement", or "Unsatisfactory"
Behavior: Checklists or Rating Scales (e.g. Conners-3, BASC-3)	☐ Within average ranges in all settings	☐ Within average ranges in most settings	☐ Within at-risk range in most or all settings	☐ Clinically significant range in most/all settings

Behavior: Classroom observation	☐ Academic or social behavior similar to classroom peers, no interference to student or environment	☐ Academic or social behavior somewhat different than classroom peers, minimal interference to student or environment	☐ Academic or social behavior moderately different than classroom peers, moderate interference to student or environment	☐ Academic or social behavior severely different than classroom peers, severe interference to student or environment.
Disciplinary History: Office Referrals	☐ 0-1 minor office referral	☐ 2-4 minor office referral	☐ 5 or more minor office referrals, or 1-2 major office referrals.	☐ 3 or more major office referrals.
Attendance Log: Related to medical diagnosis	☐ 0 to 10 days absent per year	☐ 11-20 days absent per year	☐ 21-28 days absent per year	☐ Over 28 days absent per year
Impact of Medical Diagnosis on Access to General Ed Curriculum:	☐ Health problems do not interfere with day to day functioning and learning.	☐ Health problems may interfere with learning due to occasional episodes or crises	☐ Health problems frequently limits opportunity to participate in activities and interferes with learning.	☐ Health problem severely interferes with participation and learning to the extent that classroom participation is seldom/never possible.
*Summary of Adverse Effect On Educational Performance**			*Number of Boxes Checked:_____	*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 three 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.

Sample Check In-Check Out Form

CHECK IN CHECK OUT POINT SHEET

Add Your School
Logo Here!

Points Possible ____
Points Received ____
%of Points ____
Goal Met ____

2 – Great Job!
1 – So, so
0 – Doesn't meet goal

Name: _____
Date: ____/____/____

GOALS:

Target Behaviors	MATH	SOCIAL STUDIES	SPECIALS	RECESS	LANGUAGE ARTS	SCIENCE
Respectful	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0
Responsible	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0
Safe	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0	2 1 0

Parent Signature:_____