

**HARTFORD PUBLIC SCHOOLS**  
Special Education Department

**EVALUATION AND IDENTIFICATION PROTOCOL FOR DETERMINING ELIGIBILITY OF  
STUDENTS WITH HEALTH IMPAIRMENTS FOR GENERAL EDUCATION OR SPECIAL  
EDUCATION SERVICES**

**Procedural Overview**

The Hartford Public School system is responsible to evaluate and identify students who have health impairments to determine eligibility for accommodations in general education through Section 504 or for special education under Other Health Impaired (OHI). These health impairments include, but may not be limited to the following: heart condition, tuberculosis, rheumatic fever, nephritis, asthma (see attached criteria), sickle cell, anemia, hemophilia, epilepsy, diabetes, Attention Deficit Hyperactivity Disorder (AD/HD), lead poisoning (lead level > 10), or leukemia. It should be noted that the needs of students with any of the aforementioned impairments may be met through general education.

It is the obligation of the school-based intervention teams, such as the Family Support Team (FST), Student Assistance Team (SAT), 504 Compliance Team, or the Planning and Placement Team (PPT) to determine if the degree of impairment warrants accommodations under section 504 or Special Education services under OHI. School-based teams must review the Multidisciplinary Worksheet to Determine Eligibility for Qualification as Other Health Impaired, the AD/HD Identification Procedure, the Hartford Public Schools Criteria for Attention Deficit Hyperactivity Disorder, and the Definition of Terms in order to determine eligibility for accommodations under Section 504 or services under OHI in Special Education. For additional assistance with eligibility for Section 504, teams may contact Carol Forand, Section 504 Compliance Officer for the Hartford Public Schools.

## **Multidisciplinary Worksheet to Determine Eligibility for Qualification as Other Health Impaired (OHI)**

The purpose of the attached worksheet is to provide Planning and Placement Teams (PPTs) with a systematic protocol to determine eligibility for special education and related services for students with health impairments. The protocol begins with collecting documentation from the school nurse, whose record of health impairment guides the team in:

- describing a health impairment that adversely affects educational performance;
- differentiating between eligibility for special education and eligibility for accommodations under Section 504;
- determining the need to pursue additional documentation for students suspected of having AD/HD.

The Multidisciplinary Worksheet must be included in the IEP packet only when a student is deemed eligible for special education under Other Health Impaired. The worksheet does NOT need to be submitted as part of the packet when OHI is ruled out. If you require additional assistance, please contact your school's Special Education Coordinator/Staff Developer.

Please note that a specific procedure for identifying students with AD/HD is attached to this document.

**HARTFORD PUBLIC SCHOOLS  
SPECIAL EDUCATION DEPARTMENT**

**AD/HD IDENTIFICATION PROCEDURE**

The following procedure must be adhered to when considering identification of students as having attention deficit (hyperactivity) disorder. The procedure may be used during the early intervention process from the Student Assistance (SAT) or Family Support Teams (FST) or during the referral process to Special Education.

1. The SAT or FST may screen the student for AD/HD prior to convening a PPT using the Hartford Public Schools Criteria for Attention Deficit Hyperactivity Disorder;
2. If the student meets the criteria for AD/HD using the Hartford Public Schools Criteria for Attention Deficit/Hyperactivity Disorder, a PPT is convened and a request is made for an evaluation for AD/HD by the School Psychologist;
3. If the student's physician provides a diagnosis of AD/HD, the Hartford Public schools will use this information in determining eligibility for Section 504 or OHI. If this information is not available, and if the School Psychologist determines that the psychological evaluation is consistent with AD/HD, a referral for diagnosis is made to the district Psychiatrist when the student's symptoms are primarily behavioral or emotional OR to the district Neuropsychologist when the student's symptoms are primarily cognitive/intellectual. The appropriate procedures for referral to the Psychiatrist or Neuropsychologist must be followed.

**Hartford Public Schools**  
**Criteria for Attention-Deficit/Hyperactivity Disorder**

A. The Student Assistance Team (SAT), Family Support team (FST), or Planning and Placement Team (PPT) needs to address the following criteria when considering a student for referral for evaluation or eligibility for AD/HD:

B. Either (1) or (2):

- (1) six (or more) of the following symptoms of inattention have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

*Inattention*

- (a) 80% of the time fails to give close attention to the details or makes careless mistakes in schoolwork, work, or other activities
- (b) 80% of the time has difficulty sustaining attention in tasks or play activities
- (c) 80% of the time does not seem to listen when spoken to
- (d) 80% of the time does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (not due to oppositional behavior or failure to understand instructions)
- (e) 80% of the time has difficulty organizing tasks and activities
- (f) 80% of the time avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (such as schoolwork or homework)
- (g) 80% of the time loses things necessary for tasks or activities (e.g., toys, school assignments, pencils, books, or tools)
- (h) 80% of the time is easily distracted by extraneous stimuli
- (i) 80% of the time is forgetful in daily activities

- (2) six (or more) of the following symptoms of hyperactivity-impulsivity have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level:

*Hyperactivity*

- (a) 80% of the time fidgets with hands or feet or squirms in seat
- (b) 80% of the time leaves seat in classroom or in other situations in which remaining seated is expected
- (c) 80% of the time runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings of restlessness)

- (d) 80% of the time has difficulty playing or engaging in leisure activities quietly
- (e) 80% of the time “on the go” or often acts as if “driven by a motor”
- (f) 80% of the time talks excessively

*Impulsivity*

- (g) 80% of the time blurts out answers before questions have been completed
- (h) 80% of the time has difficulty awaiting turn
- (i) 80% of the time interrupts or intrudes on others (e.g., butts into conversations or games)

Student: \_\_\_\_\_ DOB: \_\_\_\_\_ ID: \_\_\_\_\_ Grade: \_\_\_\_\_

**Multidisciplinary Worksheet to Determine Eligibility for Qualification as Other Health Impaired (OHI)**

In order to determine the existence of a health impairment and the degree to which the health impairment adversely affects educational performance, the PPT has considered the data under the following domains:

(Please check)

**HEALTH ASSESSMENT**

- \_\_\_\_\_ Results of recent physical examination
- \_\_\_\_\_ Clinical assessment and medical diagnosis
- \_\_\_\_\_ Health history
- \_\_\_\_\_ Family input regarding the effect of health condition on daily life activities
- \_\_\_\_\_ General link of the health impairment to learning and/or social skills
- \_\_\_\_\_ Additional data: \_\_\_\_\_

**PSYCHOLOGICAL ASSESSMENT**

- \_\_\_\_\_ Medical data provided to psychologist at PPT1
- \_\_\_\_\_ Psychologist has consulted with nurse/medical personnel to discuss effects of medication on cognitive performance
- \_\_\_\_\_ Results from battery of psychological assessments
- \_\_\_\_\_ Behavior Rating Scales and behavioral observations
- \_\_\_\_\_ Additional data: \_\_\_\_\_

**EDUCATIONAL ASSESSMENT**

- \_\_\_\_\_ Evidence of pre-referral interventions
- \_\_\_\_\_ Standardized measures of achievement
- \_\_\_\_\_ Learning skills or processing test results data
- \_\_\_\_\_ Work samples and portfolios
- \_\_\_\_\_ Curriculum-based assessments
- \_\_\_\_\_ Classroom observation-based measurements
- \_\_\_\_\_ Additional data: \_\_\_\_\_

**DEVELOPMENTAL HISTORY**

- \_\_\_\_\_ Family background
- \_\_\_\_\_ Developmental history
- \_\_\_\_\_ Psycho-social functioning
- \_\_\_\_\_ Special services (agencies, hospitals, etc.)
- \_\_\_\_\_ Additional data: \_\_\_\_\_

**SPECIALIZED ASSESSMENTS**

- \_\_\_\_\_ Occupational Therapy
- \_\_\_\_\_ Physical Therapy
- \_\_\_\_\_ Speech and Language
- \_\_\_\_\_ Psychiatric evaluation
- \_\_\_\_\_ Additional data: \_\_\_\_\_

**Please circle the health impairment for which the student has been referred:**

Chronic or acute: heart condition tuberculosis rheumatic fever nephritis  
 asthma (see attached criteria) sickle cell anemia hemophilia epilepsy diabetes  
 AD(H)D lead poisoning (lead level > 10) leukemia other:  
 \_\_\_\_\_

**Please respond to the following questions:**

	<b>YES</b>	<b>NO</b>
Does the evidence suggest that the student exhibits limited strength?	_____	_____
Does the evidence suggest that the student exhibits limited alertness?	_____	_____
Does the evidence suggest that the student exhibits limited vitality?	_____	_____
Does the evidence suggest that the student exhibits a heightened alertness to environmental stimuli which results in limited alertness to the educational environment?	_____	_____
Does the test data reveal that the student's educational performance is adversely affected by the health impairment?	_____	_____
Do observations and classroom performance indicate an adverse effect on educational performance which is caused by or associated with the health impairment?	_____	_____

Does the student have a physical impairment, including AD/HD that affects a major life function?	_____	_____
If AD/HD is considered, has the team adhered to the AD/HD identification procedure?	_____	_____
Has the PPT considered the student's eligibility for a Section 504 plan?	_____	_____
Has the PPT ruled out eligibility under other IDEA categories?	_____	_____

The team agrees that \_\_\_\_\_ (state condition) has adversely affected the educational performance of \_\_\_\_\_ in the area(s) of:  
 \_\_\_\_\_

Administrator: _____	Occupational Therapist: _____
Nurse: _____	Physical Therapist: _____
General Education Teacher: _____	Speech/Language Clinician: _____
Special Education Teacher: _____	School Social Worker: _____
Psychologist: _____	Other: _____
Parent/Guardian: _____	Other: _____
Other: _____	Other: _____

### **Definition of Terms**

The following terms are provided to increase conciseness and to reduce misinterpretation of the content of the federal definition. The Education of the Handicapped Regulations (34 CFR 300.7) provide specific definition for the exceptionality of Other Health Impaired:

...means having limited strength, vitality or alertness, including a heightened alertness to the educational environment, that is due to chronic or acute health problems, such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, and sickle cell anemia AND adversely affects a child's performance.

1. chronic: a chronic condition develops slowly and has long-lasting symptoms and lifelong medical needs;
2. acute: an acute condition develops quickly; its symptoms are intense but last for a relatively short period of time;
3. limited strength: an observable and/or measurable condition characterized by muscular (hypotonia) and an inability to participate fully in the fine- and/or gross-motor demands of the general curriculum;
4. limited vitality: an observable condition characterized by withdrawal, apathy, and lethargy not attributable to lack of motivation or interest;
5. limited alertness: an observable condition characterized by confusion, disorientation, dizziness;
6. heightened alertness: an observable and/or measurable condition characterized by increased awareness of and overstimulation from sound and movement within the general education setting;
7. adverse affect on educational performance: the health condition has impaired the student's ability to achieve to the level of his/her age/grade peers and/or cognitive potential and hindered the student's ability to benefit from education within the general education environment.

### **Asthma Criteria**

The following information must be included in the health history in order to determine the severity of asthma:

1. Documentation of Subspecialty Referral
2. Documentation of compliance with medication at school and at home
3. Frequency of hospitalizations