

Other Health Impairment Guidelines

June 2015



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This document reflects the effort of many professionals within the Washtenaw Intermediate School District, as well as local school districts. Special recognition is extended to Eastern Upper Peninsula ISD, Montcalm Area ISD, Charlevoix-Emmet ISD, Genesee ISD, and the Wisconsin Department of Education for the use of materials within this guidance.

Federal Regulation and Michigan Rule

Federal Regulation from IDEA-2004

§ 300.8 Child with a disability. (c) Definitions of disability terms. The terms used in this definition of a child with a disability are defined as follows: (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.

Michigan Rules

R 340.1709a “Other health impairment” defined; determination. Rule 9a. (1) “Other health impairment” means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, which results in limited alertness with respect to the educational environment and to which both of the following provisions apply:

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

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

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

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

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

Multidisciplinary Team (MET) Members

The required MET members for the OHI eligibility include an evaluation team representative and a medical doctor. The evaluation team representative can include a school psychologist, teacher consultant, school social worker, etc. A physician is a required participant in multidisciplinary evaluation process. The physician contributes a written, signed, and dated (within one year) statement of the medical diagnosis of the medical health problem(s), if one exists. The statement may include when appropriate, a description of medical procedures to support the student. See the appendix for example physician letters.

Primary Components for Other Health Impairment Determination

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

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

Clarification of Terminology within the Michigan Eligibility Criteria

- Only one of the conditions must apply; however, more than one area of manifestation may exist. There is no official definition of these terms at the state or federal level. The following definitions help to clarify these conditions.
 - **Strength** – Bodily or muscular power, vigor, related to decreased capacity to perform school activities, tires easily, chronic absenteeism related to the health problem. Limited strength may manifest in: physical tolerance and/or limitations. For instance: Can the student sit or stand as required by school activities? Does the student require frequent rest breaks?
 - **Vitality** – Physical and mental strength, capacity for endurance, energy, animation, activity. Limited vitality may manifest in decreased focus on tasks, decreased endurance, lethargy, decreased tolerance. For instance: The student may have the strength to sit up, but do they have the energy to complete the task at hand.
 - **Alertness** – Attentiveness, awareness, observant, watchful, on guard, ready. Limited alertness may manifest in: time on task, concentration, distractedness, ability to follow directions or rules, memory, impulsivity. For instance: Is the student aware of surroundings and the activities going on? Does the student have the mental acuity to participate in the lesson or activity?
- Chronic or acute health problem: There is not a specific length of time for the health problem to be present or to continue. Students with chronic health problems may need intermittent

services, especially if their illness is cyclical or may recur necessitating additional treatment. If it can be determined whether the health problem is chronic or acute, it may be helpful for educational planning.

- **Chronic** – Long-term and either not curable or there are residual features resulting in limitations of daily living functions requiring special assistance or adaptations of the disease or disorder develops slowly and persists for a long period of time, often the remainder of the life span. This may include degenerative or deteriorating conditions.
- **Acute** – Begins abruptly and with marked intensity, then subsides or has a rapid onset, severe symptoms, and a short course, sequelae may be short-term or persistent. Sequelae – a condition or abnormality as a result of, or following a disease, injury or treatment; a negative after-effect.
- Adversely affecting a child’s educational performance – A health problem adversely affects educational performance, such as achievement, behavior, or success in the curriculum is significantly different relative to peers, or so severe that special medical attention is regularly needed. Factors to consider may include: frequent hospitalization, specialized health care procedures, or medications that significantly affect learning. A child whose health problem does not significantly interfere with day-to-day functioning within the educational setting would not be eligible for special education services. While some degree of subjectivity is inherent in the diagnostic process, the *Guidance for Determining Extent of Adverse Impact on Educational Performance* is intended to serve as a tool when considering the severity of the impairment.

What OHI is and What OHI is not

OHI is...	OHI is not...
An impairment requiring a full and individual evaluation by an IEP team.	An automatic category when a student has been evaluated and found ineligible for another disability category. OHI requires a comprehensive evaluation by the multidisciplinary team to ensure all of the criteria for eligibility are met.
A wide range of health conditions with symptoms.	An automatic entitlement for students with any diagnosed medical condition, including Attention Deficit-Hyperactivity Disorder. The student must meet criteria and need special education programs and/or services.
A special education category to support a student who cannot benefit in the general education curriculum without special education programs and/or services.	Generally the category for students with a mental health diagnosis.
A category when a student has a health condition which limits the strength, vitality, or alertness and has an adverse affect on a child's educational performance.	Intended to be used in place of ASD, EI, CI, SLD, or other eligibility categories.
Adapted from: Special Education Eligibility Criteria and Evaluation for Other Health Impairment (OHI). (August, 2009). Wisconsin Department of Public Instruction.	

Initial OHI Evaluation Process

Review of Existing Evaluation Data

The Team reviews the existing data available regarding the student and determines what additional data is needed/required in order to make a decision regarding eligibility. Data to gather may include:

OHI:
ADD/ADHD

- Developmental History
- Cognitive Assessment (as deemed necessary)
- Achievement
- Observations
- General Education Teacher Report
- Parent and Student Input
- Standardized Parent and Teacher ADD/ADHD Rating Scale
- Release of information
- Diagnostic Opinion OHI Letter
- Occupational/Physical Therapy Assessment (as deemed necessary)
- Other Assessments/Information needs as determined by the REED team
- Documented Interventions (as deemed necessary)

OHI: Other
(i.e., asthma,
cancer)

- Developmental History
- Cognitive Assessment (as deemed necessary)
- Achievement
- Observations
- General Education Teacher Report
- Parent and Student Input
- Release of Information
- Diagnostic Opinion OHI Letter
- Occupational/Physical Therapy Assessment (as deemed necessary)
- Other Assessments/Information needs as determined by the REED team
- Documented Interventions (as deemed necessary)

Recommended Assessments

The Multidisciplinary Team determines which assessments are needed to determine eligibility. Examples of possible assessments include:

Formal Assessment Type	Formal Assessment Recommendations
Cognitive assessment (administered by the school psychologist or school psychologist reviews outside psychological evaluation report)	Current Editions: Wechsler, Kaufman, Woodcock-Johnson measures of intelligence; Cognitive Assessment System; Differential Ability Scale; Bayley Scales of Infant and Toddler Development
Achievement Assessment (typically administered by the school psychologist and/or other qualified staff such as a teacher consultant)	Current Editions: Wechsler, Kaufman, Woodcock-Johnson measures of academic achievement; Test of Early Written Language; Test of Early Reading Skills; Test of Early Mathematic Skills; Test of Written Language; KeyMath
Rating Scales (typically conducted by the school social worker and/or school psychologist)	Current Editions: Behavior Assessment System for Children; Conner's Rating Scale; Achenbach
Systematic Direct Observation (typically conducted by the school social worker, school psychologist, and/or teacher consultant)	-Must complete at least 2 separate observations -Observations in multiple settings
Review of Information (medical, educational, other background information)	-Review of CA-60, interventions, medical documentation, or other relevant information
Parent/Guardian Input	-Information regarding the student's medical condition, developmental history, home behaviors and needs, etc.
Teacher Input	-Information regarding the student's performance in the classroom (educational, social, behavioral, etc.)
Diagnostic Opinion	-Documentation of a health impairment must be obtained by a physician (Example letter is provided in the appendix)

Guidance for Addressing Input from Outside Reports

When presented with reports from outside agencies that provide a diagnosis of a specific medical condition, there may be situations in which the recommendations from outside reports may be clinically meaningful but not consistent with Michigan special education rule requirements. A medical diagnosis is a required component of Other Health Impairment eligibility, but there are many other educationally relevant factors that need to be considered in determining if the medical condition impacts educational performance to the degree that special education services are required. A comprehensive special education evaluation is required in order to determine eligibility for special education.

Guidance for Determine Extent of Adverse Impact on Educational Performance

Student Name: _____ Date: _____

Diagnosed Chronic or Acute Health Impairment: _____

Possible Data Source	No Impact	Mild Impact	Moderate Impact	Severe Impact
Academic Achievement: Progress Monitoring, CBM, or Criterion Referenced Measure	For data expressed as a percentile rank at or above 25 th %ile	For data expressed as a percentile rank 10 th to 24 th %ile	For data expressed as a percentile rank 6 th to 9 th %ile	For data expressed as a percentile rank at or below the 5 th %ile
Academic Achievement: MI State Assessment or NWEA, SAT	For data expressed as a percentile rank at or above 25 th %ile	For data expressed as a percentile rank 10 th to 24 th %ile	For data expressed as a percentile rank 6 th to 9 th %ile	For data expressed as a percentile rank at or below the 5 th %ile
Academic Achievement: Norm referenced	At or above 25 th %ile rank	10 th to 24 th %ile rank	6 th to 9 th %ile rank	At or below 5 th %ile rank
Academic Performance: Curriculum-Based Assessment (ex. DRA, ELA writing rubric, Math Unit)	80-100% At or above expected level of performance	70-79% Semester to a year behind expected level of performance	60-69% Over a year behind expected level of performance	At or below a 59% 2 years or more behind expected level of performance
Academic Performance: Report Card Grades	All report card grades are A, B, C, or satisfactory	Passing all classes with grades of A, B, C, D, or progressing	Passing some classes but one or more F (E), needs improvement	Mostly D, F (E), needs improvement, or unsatisfactory
Behavior Rating Checklists (ex., Achenbach, Conners, BASC, Etc.)	Inattention, Hyperactivity, Impulsivity, and/or Executive Functions scales are within normal limits in all settings T score 59 & below (Average to Low)	Inattention, Hyperactivity, Impulsivity, and/or Executive Functions scales are within normal limits in most settings T score 60-64 (High Average)	Inattention, Hyperactivity, Impulsivity, and/or Executive Functions scales are within borderline or at-risk range in most/all settings T score 65-69 (Elevated)	Inattention, Hyperactivity, Impulsivity, and/or Executive Functions scales are within clinically significant range in most/all settings T score 70 & above (Very Elevated)
Structured Classroom Observations related to strength, vitality, and/or alertness	Similar to typical classmates	Mildly different (may be periodic) from classmates	Moderately different from classmates (ex., over 50% of observation(s))	Severely different from classmates (ex., over 75% of observation(s))
Office Referrals	No office referrals or 1 minor office referral due to limited strength, vitality, or alertness	2-4 minor office referrals due to limited strength, vitality, or alertness	4 or more minor and/or 1-2 major office referrals due to limited strength, vitality, or alertness	3 or more major office referrals due to limited strength, vitality, or alertness
Attendance Log	1-10 days absent per year related to medical diagnosis	10-20 days absent per year related to medical diagnosis	20-28 days absent per year related to medical diagnosis	Over 28 days absent per year related to medical diagnosis
Effect of health impairment on ability to access the curriculum in the general education setting	Medical needs do not interfere with day to day functioning and learning in the general education setting	Medical needs do not interfere with learning but there is a possibility of unusual episodes or crises in the general education setting	Medical needs present frequent crises or so limit the student's opportunity to participate in activities that it interferes with learning in the general education setting	Medical needs are so severe that special medical attention is regularly needed. Opportunity for activity is so limited that classroom participation is seldom/never possible
Summary of Adverse Effect on Educational Performance	No impact on: __strength __vitality __alertness	Mild impact on: __strength __vitality __alertness	Moderate impact on: __strength __vitality __alertness	Severe impact on: __strength __vitality __alertness

*Special Education Eligibility should only occur if the overall adverse impact on educational performance is moderate or severe

Redetermination or Termination of Eligibility

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

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

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

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

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

Eligibility should be in question if.....	Eligibility may not be in question if.....
The medical condition has stabilized to the extent the student may no longer need special education support related to his/her medical condition.	There appears to be no change in the medical condition and the IEP team has data to support the need for continued special education services
The medical condition is appropriately managed by prescribed medications and prescribed treatment and the student's school performance has improved, or if updated diagnostic information is needed from the physician.	Updated information from the physician is not necessary to determine the impact the medical condition is having on school performance
The student is regularly attending school and is progressing in the area of academics, as well as participating (socially, behaviorally and physically) at the same rate as his/her general education peers.	The student continues to demonstrate a lack of meaningful and productive participation in school and/or demonstrates reduced efficiency in school work as it relates to the identified health problem.
The student may be better described by another eligibility area.	No other eligibility category needs to be considered.

Section 504

While a student may be ineligible for special education programming, accommodations may still be necessary under Section 504. The Rehabilitation Act of 1973, commonly known as “Section 504” (§504), is a federal law passed by the United States Congress with the purpose of prohibiting discrimination on the basis of disability against persons with disabilities who may participate in, or receive benefits from, programs receiving federal financial assistance. In the school setting §504 applies to ensure that eligible students with disabilities are provided with educational benefits and opportunities equal to those provided to non-disabled students.

The definition of a disability under Section 504 is much broader than the definition under Individuals with Disabilities Education Act (IDEA). Under §504, a student is considered “disabled” if he or she has a physical or mental impairment that substantially limits one or more of their major life activities, such as learning, walking, seeing, hearing, breathing, working, caring for oneself, eating, sleeping, standing, lifting, bending, speaking, reading, concentrating, thinking, communicating, performing manual tasks and operation of a major bodily function. The operation of a major bodily function includes the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, or reproductive functions. Section 504 disability discrimination protections also apply to students with a record of having a substantially limiting impairment, or who are regarded as being disabled even if they are truly not disabled. Students who have a physical or mental impairment that substantially limits one or more major life activities may be entitled to receive accommodations and/or services under §504. All students with an IEP are covered by Section 504, but not all students eligible for Section 504 are eligible for an IEP. Only a Multidisciplinary Team (MET) can evaluate and recommend an IEP.

Appendix

Date: _____

Dear _____:

The school Multidisciplinary Evaluation Team is evaluating your patient:

_____ (DOB: _____) and are requesting your assistance in determining if this student does or does not require or continue to require special education services. In order for a student to be considered in need of special education, the team must have sufficient data to show that the other health impairment adversely affects educational performance. As this student's physician, you are a required member of this evaluation team. Please fill out the form at the bottom of this page, checking all boxes that apply, filling in the diagnosis, signing, and dating. Thank you for your assistance.

Sincerely,

Title: _____ Phone: _____

Please indicate this student's diagnosed health problem:

<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Lead Poisoning
<input type="checkbox"/>	Attention Deficit Disorder	<input type="checkbox"/>	Leukemia
<input type="checkbox"/>	Attention Deficit Hyperactivity Disorder	<input type="checkbox"/>	Nephritis
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Rheumatic Fever
<input type="checkbox"/>	Epilepsy	<input type="checkbox"/>	Sickle Cell Anemia
<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Hemophilia		

Eligibility for Other Health Impairment is determined according to the Michigan Department of Education Special Education Rule 340.1709a:

1. Determination of disability shall be based upon a comprehensive evaluation by a multidisciplinary evaluation team, which shall include one of the following persons: an orthopedic surgeon, an internist, a neurologist, a pediatrician, a family physician, or any other approved physician as defined in 1978 PA 368, MCL 333.1101 et seq.
 2. Due to a chronic or acute health problem, this student manifests limited strength, vitality or alertness to the educational environment that adversely impacts his/her educational performance.
- This student is other health impaired in accordance with Michigan Administrative Rules for Special Education R340/1709a with a medical diagnosis of _____
- This certifies that the student's other health impairment may adversely affect educational performance and/or may require adaptations within the school environment.

Comments: _____

Physician's Signature: _____ Date Signed: _____

Parent Questionnaire – Initial Evaluation

Student's Name: _____ Parent/Guardian Name: _____

Method of Interview (Check one): Personal Interview Telephone Written

Interviewer: _____ Date: _____

1. What are some of your child's strengths, interests, and/or favorite activities?

2. What does your child like best about school?

Least? _____

3. Does your child have homework? Yes No Is it completed without help? Yes No If no, what kind of help is given? _____

4. What goals do you have for your child this school year?

5. For older students, long range goals/plans? _____

Do you have concerns about your child's progress? Yes No

If yes, what are they and when did you first notice these concerns? _____

6. Have you seen recent changes (improvement or decline) in your child's behavior or school performance?

Yes No If yes, explain: _____

7. Medical Information

Current medical diagnosis, if any? _____

If your child has a medical diagnosis, how does it impact everyday living? _____

Wears Glasses? Yes No Vision concerns? _____

Wears hearing aid(s)? Yes No Hearing concerns? _____

Other medical/health concerns? _____

List name and contact information of current medical providers:

Physician: _____ Address: _____

Physician: _____ Address: _____

Physician: _____ Address: _____

Medical History: accidents, injuries, surgeries, hospitalizations? _____

Current Medication (type, reason, side effects)? None

Psychological (thinking/emotional Concerns)? _____

8. Has your child had a psychological or education evaluation from an outside source? ___Yes ___No
Was the evaluation shared with the school? ___Yes ___No
If an evaluation was completed, when was it done, by whom, results? _____

9. Has your child had additional services in the last 3 years (tutoring, counseling, residential care)?
___Yes ___No If yes, please describe: _____

10. Home Environment:
With whom does your child reside? _____
What language is spoken at home? _____
Does your child sleep at night? ___Yes ___No Average length of time sleeping? _____
Does your child have a good appetite? ___Yes ___No Eat a variety of foods? ___Yes ___No

11. Have there been any significant changes in your home or family relationships recently? ___Yes ___No
If yes, describe: _____

12. Optional Functional Questions
- a. Communication skills at home: Understands directions? Communicates needs? Converses?

 - b. Types of chores or responsibilities at home?

 - c. Self care skills (bathing, brushing teeth, toileting, eating, dressing)

 - d. Behavior in the community (behavior in public places, navigates within community)

 - e. Follows safety rules at home and in the community (walking, riding bike, driving)

 - f. Leisure: has friends? Participates in school or community activities?

 - g. How does the child's medical condition affect activities at home and in community? (Interpersonal relationships e.g. family and friends, daily living skills, schoolwork, mood/affect)

13. Do you have any suggestions to improve current school services? ___Yes ___No
If yes, what are they? _____

14. Other information about your child that you think may be helpful to this evaluation? ___None

Parent Questionnaire – Reevaluation

Student Name: _____ Parent/Guardian Name: _____

Method of Interview (Check one): Personal Interview Telephone Written

Interviewer: _____ Date: _____

1. What are some of your child's strengths, interests and/or favorite activities?

2. What goals do you have for your child this school year? For older students, long range goals/plans?

3. Have you seen improvement in your child's academic performance / behavior / speech and language during the past 3 years? Yes No Please describe: _____

4. Do you have any current concerns about your child's progress?

5. Have you seen recent changes (improvement or decline) in your child's behavior or school performance? Yes No If yes, explain: _____

6. Medical information:

Current medical diagnosis, if any? _____

If your child has a medical diagnosis, how does it impact everyday living? _____

Wears glasses? Yes No Vision concerns? _____

Wears hearing aid(s)? Yes No Hearing concerns? _____

Other medical/health concerns? _____

List name and contact information of Current Medical Providers:

Physician: _____ Address: _____

Physician: _____ Address: _____

Physician: _____ Address: _____

Medical history: accidents, injuries, surgeries, hospitalizations? _____

Current medication (Type, reason, side effects)? None _____

Psychological (thinking/emotional) concerns? _____

7. Has your child had a psychological or education evaluation from an outside source? Yes No

Was the evaluation shared with the school? Yes No

If an evaluation was completed, when was it done, by whom, results? _____

8. Home Environment:

With whom does your child reside? _____

Does your child sleep at night? Yes No Average length of time sleeping _____

Does your child have a good appetite? Yes No Eat a variety of foods? Yes No

9. Have there been any significant changes in your home or family relationships recently? Yes No

If yes, describe: _____

10. Optional Functional Questions

a. Communication skills at home: Understands directions? Communicates needs? Converses?

b. Types of chores or responsibilities at home?

c. Self care skills: (Bathing, brushing teeth, toileting)

d. Behavior in the community: (Behavior in public places, navigates within community)

e. Follows safety rules at home and in the community (walking, riding bike, driving).

f. Leisure: Has friends? Participates in school or community activities?

g. How does the child's medical condition affect activities at home and in community?
(Interpersonal relationships e.g. family and friends, daily living skills, schoolwork, mood/affect)

11. Do you think your child continues to require special education services? Yes No
Why?

12. Do you have any suggestions to improve current school services? Yes No
If yes, what are they?

13. Additional information about your child that you think may be helpful to your child's reevaluation?
 None Yes. Describe:

Student Input Form

Student Name: _____ School: _____

Grade: _____ Age: _____ Teacher: _____

Interviewer: _____ Position: _____ Date: _____

Instructions: Interviewer should modify the language of this form to consider the age of the student. This form does not have to read word for word.

1. What are your greatest strengths: In what areas do you do best? What are you proud of doing?

2. In what area(s) could you improve the most? What things are most difficult about school for you?

3. What class/subject have you the most difficulty last year? What is the one thing you can identify that made it difficult? _____

4. If we only picked one thing to focus on, what would you like to work on to help you improve at school? What is one thing you would like to be different? _____

Systematic Interview/Observation Worksheet

Student's Name: _____ DOB: _____ School: _____

Medical Diagnosis: _____ Physician: _____ Date of Diagnosis: _____

- Information must be gathered from both **Interview (I)** and **Observation (O)**.
- For each item, place the appropriate number in the box:
 (1) Adequate (2) Adequate with accommodations (3) Area of concern
- Documentation should be determined to be significantly discrepant from peers.
- This documentation should include descriptive, narrative examples of the educational concern, and list any current accommodations.

Interview Date:	Observation Date(s):
Person(s) Interviewed:	Observation Setting(s):
Completed By:	Completed By:
Title:	Title:

PHYSICAL ABILITY (Document significant discrepancies from peers)

I	O	
		<u>Limited physical strength</u> resulting in decreased capacity to <u>perform</u> school activities:
		<u>Limited endurance</u> resulting in decreased stamina and decreased ability to <u>maintain</u> performance:
		Level of pain results in decreased ability to perform or maintain performance:

ALERTNESS Heightened or diminished alertness resulting in impaired abilities.
 (Document significant discrepancies from peers)

I	O	
		Prioritizing environmental stimuli:
		Maintaining focus/sustaining effort:
		Accuracy of completed task:

ORGANIZATION SKILLS (Document significant discrepancies from peers. If this is an area of concern, complete Organization and Independent Work Skills Observation Interview for Elementary, Secondary or Preschool)

I	O	
		Materials (has materials when needed, physical organization of space and materials):
		Written work (organized on page in sequential manner, i.e., name at top, items in logical order, capitalization, paragraphs, etc.):
		Thoughts (tells thoughts/stories sequentially-beginning, middle, end, stays on topic):

WORK COMPLETION WITHIN ROUTINE TIMELINES (Document significant discrepancy from peers)

I	O	
		Self-Initiates (ability to independently begin a task):
		Displays on-task behavior (ability to continue working on a task):
		Follows directions (given to the entire class without individual assistance):
		Homework (independently keeps track of assignments, completes them and hands them in on time):
		Participates in group activities:
		Number of Assignments given ____ Assignments turned in ____ Assignments late ____
		Work Completion (unassisted, adult assisted, peer assisted)

INDEPENDENCE (Document significant discrepancies from peers)

I	O	
		Movement through school environment (gets to destination without support needed due to strength, endurance, behavior, or attention):
		Clothing/bathroom/lunchroom (can manage these self-care activities without assistance):
		Motoric management of materials (books, notes, pencil, scissors, desk, locker):
		Level of self-advocacy (requests help, can tell others about disability and needed accommodations and modifications):

FUNCTIONAL LEVEL OF ACADEMIC PERFORMANCE (Daily classroom performance in relation to peers)

I	O	
		Reading: Comprehension:
		Fluency:
		Decoding:
		Math: Computation:
		Reasoning
		Written Language: Math:
		Language:
		Other:

PEER INTERACTION (Document significant discrepancy from peers)

I	O	
		Student with peers (Does student initiate and interact appropriately?):
		Peers with student (Do others include the student and interact appropriately?):

INTERFERING BEHAVIORS (Document significant discrepancy from peers)

I	O	
		Distracting to self and others:
		Impulsive behavior:

MAIN STRENGTHS

I	O	
		Parents:
		General education teacher/other staff:

MAIN CONCERNS

I	O	
		Parents:
		General education teacher/other staff:

Observation of Behavior Chart

The Observation of Behavior Chart on the following page collects engaged time on-task and off-task behaviors within various school settings. Classroom observations provide information about the child's behaviors compared to the classroom norm by gender. The frequency of the class scan can be done at the discretion of the observer.

Two considerations essential to obtaining accurate data are:

- 1) The observation is discrete and conducted in a way that does not alter the natural environment, and;
- 2) The behavior being observed must be concrete and measurable

- Step 1:** Prior to the observation, ask the teacher for a same-gender comparison peer of average behavior, preferably sitting near the referred student being observed.
- Step 2:** At the beginning of the observation, record the setting and environment in which the observation is taking place. If the setting type changes during the observation, indicate the new setting and when it changed by marking the interval.
- Step 3:** Using a stopwatch, record the behavior of the student and comparison peer when the motor, verbal, or passive off-task behavior is observed for more than 3 continuous seconds. Mark the appropriate 15 second interval box with a X.
- Step 4:** During the observation period it is helpful to note group size/assistance (e.g. independent work, small group, one-to-one with an adult) on the interval.
- Step 5:** Following the observation, count the number of off-task behaviors observed for the referred student and for the comparison peer. A total of 80 intervals are possible on one observation chart.
- Step 6:** Divide the number of intervals marked with an "X" by the total number of intervals to obtain a percentage of time off-task of each behavior.

Legend and Definition

Code	Term	Examples of Behavior to Record if Greater than 3 Seconds in Duration
M	Motor Off-Task	out of seat, fidgeting or playing with objects, tapping pencils/hands on desk, throwing objects, hitting
V	Verbal Off-Task	making noises, humming, singing, blurt out, talking without being called upon, talking to someone when prohibited
P	Passive Off-Task	looking away from work or the teacher for more than 3 seconds during direct instruction, staring off, looking around the classroom or out the window, delay initiation of assigned task

Observation of Behavior Chart

Student: **(S)** Comparison Student: **(C)**

Date of Observation: Activity:

- M** Motor off-task behaviors: Excessive motor movement, fidgeting with items, tapping pencil/hands on desk
- P** Passive off-task behaviors: Staring off, not attending to task
- V** Verbal off-task behaviors: Talking, blurting

Behaviors		1				2				3				4				5				
		15	30	45	60	15	30	45	60	15	30	45	60	15	30	45	60	15	30	45	60	
M	S																					
	C																					
P	S																					
	C																					
V	S																					
	C																					
M	S																					
	C																					
P	S																					
	C																					
V	S																					
	C																					

Behaviors		1				2				3				4				5				
		15	30	45	60	15	30	45	60	15	30	45	60	15	30	45	60	15	30	45	60	
M	S																					
	C																					
P	S																					
	C																					
V	S																					
	C																					
M	S																					
	C																					
P	S																					
	C																					
V	S																					
	C																					

Pre-School/Kindergarten Organizational and Independent Work Skills Checklist

Student Name: _____ Grade: _____ Date: _____

Completed by: _____

Purpose of Form: This form is used to assess the needs of the student listed above in the area of organizational and independent work skills in the classroom. This information will be used to address deficits in education that are related to organization and working independently. Check the box that best describes the student's level of independence when performing each behavior listed below.

Behavior	Level of Independence		
	Typically Performs Behavior Independently	Typically Needs Assistance to Perform Behavior	Does not Perform Behavior even with Assistance
Follows classroom rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows classroom schedules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows 1-2 step directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attends to group instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Begins tasks/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finishes tasks/ activities within the time allowed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knows when it is time to begin a new task/ activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitions from one activity/setting to another within the time allowed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitions from one activity/setting to another with needed materials and supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses free time appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates actively in group activities/projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks adult/peer help appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moves through school environment in a safe and timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates stability at table, on chair or floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses and understands expectations for all school environments (i.e., lunchroom, playground, bathroom, bus, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meets personal needs (i.e., eating, dressing, toileting) at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stabilizes paper while using pencils, crayons, and markers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picks up/holds and turns pages of books	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses school supplies (i.e., markers, scissors, eraser, paints)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stores and retrieves materials from backpack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stores and retrieves materials in an orderly and timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operates computer and mouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Pre-School/Kindergarten Organizational and Independent Skills Work Skills Checklist

Do you have any concerns regarding this student's behavior? If yes, list concern:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any concerns regarding this student's attendance? If yes, list concern:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this student's social behavior typical for same-age peers? If no, list concern:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please list any accommodations or modifications you routinely make for this student:

What other issues or concerns do you have for this student?

Elementary Organizational and Independent Work Skills Checklist

Student Name: _____ Grade: _____
 Date: _____ Completed by: _____

Purpose of Form: This form is used to assess the needs of the student listed above in the area of organizational and independent work skills in the classroom. This information will be used to address deficits in education that are related to organization and working independently. Check the box that best describes the student's level of independence when performing each behavior listed below.

Behavior	Level of Independence		
	Typically Performs Behavior Independently	Typically Needs Assistance to Perform Behavior	Does not Perform Behavior even with Assistance
Follows classroom rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows classroom schedules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows verbal directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows written directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Follows multi-step directions in sequence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens and works without distraction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrects mistakes and edits work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Turns work in on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes appropriate materials home to finish homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finishes homework within time allowed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attends to group instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Begins tasks/activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Finishes tasks/ activities within the time allowed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Knows when it is time to begin a new task/ activity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitions from one activity/setting to another within the time allowed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitions from one activity/setting to another with needed materials and supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses free time appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates actively in group discussions/activities/projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks adult/peer help appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moves through school environment in a safe and timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demonstrates stability at table, on chair or floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in Physical Education class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses and understands expectations for all school environments (i.e., lunchroom, playground, bathroom, bus, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meets personal needs (i.e., eating, dressing, toileting) at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Elementary Organizational and Independent Work Skills Checklist

Behavior	Level of Independence		
	Typically Performs Behavior Independently	Typically Needs Assistance to Perform Behavior	Does not Perform Behavior even with Assistance
Writes legibly without becoming fatigued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses school supplies (i.e., markers, scissors, eraser, paints)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stores and retrieves materials from backpack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stores and retrieves materials in an orderly and timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operates computer and mouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any concerns regarding this student's behavior? If yes, list concern:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any concerns regarding this student's attendance? If yes, list concern:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this student's social behavior typical for same-age peers? If no, list concern:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please list any accommodations or modifications you routinely make for this student:

What other issues or concerns do you have for this student?

Middle and High School Organizational and Independent Work Skills Checklist

Student Name: _____ Grade: _____

Date: _____ Completed by: _____

Purpose of Form: This form is used to assess the needs of the student listed above in the area of organizational and independent work skills in the classroom. This information will be used to address deficits in education that are related to organization and working independently. Check the box that best describes the student's level of independence when performing each behavior listed below.

Behavior	Level of Independence		
	Typically Performs Behavior Independently	Typically Needs Assistance to Perform Behavior	Does not Perform Behavior even with Assistance
Follows daily classroom schedules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses and follows assignment book/planner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizes class materials	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Begins and completes work within time allowed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Understands assignment expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Listens and works without distraction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrects mistakes and edits work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Completes tests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Takes appropriate materials home to finish homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Obtains and completes makeup assignments when absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitions from one classroom/setting to another within the time allowed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transitions from one classroom/setting to another with needed materials and supplies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attends to group instruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses independent work time and free time appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates actively in group discussions/activities/projects	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeks clarification of classroom requirements when unsure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Advocates for personal needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moves through school environment in a safe and timely manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participates in Physical Education class	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Uses and understands expectations for all school environments (i.e., lunchroom, bathroom, bus, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meets personal needs (i.e., eating, dressing, toileting) at school	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Middle and High School Organizational and Independent Work Skills Checklist

Behavior	Level of Independence		
	Typically Performs Behavior Independently	Typically Needs Assistance to Perform Behavior	Does not Perform Behavior even with Assistance
Writes legibly without becoming fatigued	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Manages school materials and belongings in his or her locker, folder, and/or backpack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operates computer and mouse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any concerns regarding this student's behavior? If yes, list concern:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any concerns regarding this student's attendance? If yes, list concern:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is this student's social behavior typical for same-age peers? If no, list concern:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please list any accommodations or modifications you routinely make for this student:

What other issues or concerns do you have for this student?

ACCOMMODATION CONSIDERATION CHECKLIST

Student Name: _____ Date of Birth: _____

School: _____ Date: _____

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