Questions from OHI Zoom Meeting on December 9. 2021

1. **Can we use observations from the medical report to support adverse impact?**

The evaluation information must contain information gained through observation of the student’s academic and functional performance in a ***variety of educational settings***. If a medical observation was completed in an educational setting then it might be possible to use it to support statements describing how the health impairment causes limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, which results in adverse educational impact. Additional observation may be required to ensure that observations are conducted in a variety of educational settings.

1. **How many observations would you recommend to be compliant?**

Observations for OHI must be completed in a variety of educational settings. The number of observations will vary from student to student based on the educational concerns. Information from the review of existing data (RED) should be used to determine what behaviors and/or academic or social skill areas are of concern to the team. Conduct observations in settings where the behaviors occur and/or the academic skills are most likely to be used. For example, if the RED describes concerns about the student’s organizational skills, an observation would be planned during a time when the student is responsible for following instructions to begin work, handling instructional materials, and turning in work. A student could also be observed during unstructured times such as lunch. Does the student need help entering lunch account information, handling tray, making selections, etc.? Is the student able to find and board the correct bus with all personal belongings and homework at the end of the school day? If the RED documents concerns about the student’s reading comprehension, an observation should be planned during reading or reading instruction to observe if and how limited strength, vitality, or alertness, including heightened alertness to environmental stimuli are impacting the student’s ability to read and comprehend grade-level texts. If the RED indicates concerns with the student’s ability to follow along with classroom instruction, an observation should be planned for times when instruction is being provided in order to gather information to support or refute the concern.

1. **Do updated observations need to be completed for the review of existing data when reevaluating a student with an OHI?**

During the RED for a reevaluation, IEP team members should provide all the current, existing functional and academic performance information for the student. This includes observational information gained through routine classroom instruction and interaction at school or in the home. The IEP team must establish that the student still has the educational disability previously determined, that the student still needs specially designed instruction, and that they have enough information to write an appropriate IEP. Teachers and parents should report their observations of how the student’s limited strength, vitality, or alertness, including heightened alertness to environmental stimuli, continue to impact the student’s academic and functional performance. Additional observations are not required for a reevaluation if the team determines no additional information is needed because the RED includes observational information that is current, relevant, and aligned with the educational disability. The RED, including observational information, must document how the OHI adversely impacts the student in a variety of educational settings and provides the data needed to update the IEP present levels, write annual goals, and determine what specially designed instruction is required.

1. **Does the same rationale about including observational information in a no-test reevaluation described in question three above apply to other categories that also require observation information, like autism and specific learning disabilities?**

Yes, the same rationale applies for Autism, Specific Learning Disabilities, Emotional Disturbance and Intellectual Disability. The Individuals with Disabilities Education Act (34 C.F.R. § 300.310) provides additional details about requirements for students with Specific Learning Disabilities. Those requirements allow for use of observation information from routine classroom instruction and performance monitoring done prior to the referral for initial evaluations. Likewise, observational information that is current, relevant and aligned with the child’s areas of SLD may be documented in the RED for reevaluations to meet the requirement for including observation information.

1. **If an evaluation report received as a result of a student transfer does not include the name of the person who diagnosed the medical condition or the date of the diagnosis, yet the report does a good job of explaining the adverse educational impact and the need for special education, could that evaluation report be accepted?**

To meet criteria for OHI, documentation must include a medical diagnosis provided by a licensed physician, licensed psychologist, licensed professional counselor, licensed clinical social worker, or school psychologist. If the report does not contain that information, the evaluation report is not in compliance. Although the report does a good job explaining the educational impact and the need for special education, it is missing an essential component of the OHI eligibility criteria. Reject that report and begin the reevaluation process. Relevant information in the report may be treated as existing data when you start the reevaluation. Include it as appropriate in the RED.

1. **Is there an observation form that you recommend to guide us in what we look for that supports the adverse effect in the three areas?**

Documentation of the observation should include information on the skills and behaviors noted in the referral and review of existing data as concerns. The documentation should also include information to support the adverse educational impact caused by the suspected disability. It will be helpful to plan observations for times when you are most likely to see those skills and behaviors manifested as well as to make sure the person doing the observations is aware of the 'look fors' with that particular student. The RPDC compliance consultants recently created a tool to help guide observations called the Academic Performance and Behavior Observation worksheet. It is available on the [Special Education Directors Resource page](https://dese.mo.gov/special-education/effective-practices/special-education-directors) under topic resources.

1. **Does having a medical diagnosis automatically indicate there is a reason to suspect a disability?**

A medical or psychological DSM-V diagnosis does not automatically trigger a reason to suspect a disability but could be a strong indicator, especially if there are academic or behavioral concerns. The LEA representative uses a variety of information (i.e.: curriculum-based assessment information, progress reporting, information from participation in any educational intervention programs in which the child is participating, information provided by parents or teachers) to find out how the student is performing both academically and functionally when considering whether there is reason to suspect an educational disability.

1. **If a student has a medical diagnosis of Autism but doesn’t meet eligibility criteria for Autism, is it possible to qualify under OHI or any of the other areas of IDEA eligibility?**

Although Autism is a medical diagnosis, the team must be able to establish and support that the Autism results in limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, in order to meet eligibility under the category of OHI. The team should conduct a comprehensive special education evaluation designed to capture all the information needed to fully consider whether the student meets the Autism criteria or criteria for any other suspected IDEA disability.

1. **What happens when we don’t have a medical diagnosis, but a BASC-3 indicates there are things going on and we don’t have a school psychologist?**

In order to meet criteria for OHI, the student must have a comprehensive health evaluation by a licensed physician that results in the diagnosis of a chronic health problem or, for those conditions not requiring a medical diagnosis, the student must have a comprehensive evaluation by a licensed psychologist, licensed professional counselor, licensed clinical worker, or school psychologist.

When the suspected disability is ADHD, then the team must consider during the RED what information they already have to support an eligibility decision using OHI and what information is still needed. When a medical evaluation is needed, the team should get prior written parental consent and work with the parents to arrange the evaluation. The evaluation should be at no expense to the parent, though you may ask parents for permission to access benefits through MOHealthNet for children who are eligible for Medicaid.

1. **How should the team address continued eligibility in the following scenario: the student was significantly behind due to the disability but then the health impairment begins to be better managed and the effect of that impairment is not readily apparent in observations or rating scales. However, the original academic impact was so significant that the student is behind and not yet caught up?**

The team should consider what role special education plays in helping the student access the general education curriculum and whether it is possible for the student to continue making progress without special education services. The team must establish that the student continues to have the educational disability identified through a previous evaluation, even though initial criteria are not met, and continues to need special education services in order to continue providing specially designed instruction through an IEP. When the reevaluation documents these, the student can continue to be eligible for special education services.

1. **Are there specific assessments recommended for teams when considering OHI eligibility?**

DESE does not have a preferred assessment list. The selection of an assessment tool should be driven by the individual student’s needs identified in the RED and by the specific data the team needs to determine eligibility and write an appropriate IEP. The team should consider reliability and validity of the assessments and make decisions based upon individual student needs.