

**OTHER HEALTH IMPAIRMENT
EARLY CHILDHOOD SPECIAL EDUCATION**

I. DEFINITION

“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 is due to chronic or acute health problems such as asthma, attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD), diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, Tourette’s Syndrome, and sickle cell anemia; and adversely affects a child’s developmental/educational performance.

The list of chronic or acute health problems included within this definition is not exhaustive. Children with attention deficit hyperactivity disorder (ADHD) and attention deficit disorder (ADD) may be classified as eligible for services under the “other health impairment” category in instances where the ADD/ADHD is a chronic or acute health problem that results in limited alertness, which adversely affects the child’s developmental/educational performance resulting in the need for special education and related services. While it is recognized that the disorders of ADD and ADHD vary, hereafter, the term ADD will be used to encompass both disorders.

II. SCREENING INFORMATION

Screening can be waived if current data [within the past six (6) months] are available; otherwise, it is required.

A. Required

1. Hearing
2. Vision
3. Formal measures of -
 - a. Development (May include the areas of cognition, motor, social/emotional, self-help)
 - b. Speech/language

B. Recommended

1. Informal measures, such as -

- a. Checklists;
- b. Inventories;
- c. Rating scales;
- d. Behavioral observations in home and/or other natural environments; and/or
- e. Access to and review of existing records and available information.

III. REQUIRED EVALUATION DATA

- A. **Social History** (Emphasis on developmental, family, and health/medical)
- B. **Assessment**
 - 1. Medical (Required)
 - a. Physical examination (To identify any concomitant conditions)
 - b. Specialized, if indicated
 - 2. Cognitive/Intellectual Abilities (One Required)
 - 3. Social/Emotional (One Adaptive Behavior required)
 - 4. Self-Help (May be included in the adaptive behavior, cognitive/intellectual and/or the programming assessments)
 - 5. Communicative Abilities
 - a. Language (Both receptive and expressive areas must be assessed. Assessment must be comprehensive and must not be limited to one-word vocabulary tests.)
 - b. Articulation (When indicated)
 - 6. Motor (One required when indicated)
 - 7. Programming (One criterion or curriculum-based measure required)

IV. EVALUATION DATA ANALYSIS

Children ages 3 to 5 are considered to have an Other Health Impairment when -

- A.** A written statement from a physician exists, which includes -
 - 1.** The type of health impairment;
 - 2.** Any developmental limitations created by the health impairment;
 - 3.** The possible need for and effects of medication; and
- B.** A delay of at least 1.5 Standard Deviations is demonstrated in one or more of the five areas of development.
- C.** For most types of health impairments, a physician's diagnosis serves as the basis for classification. However, for a child with ADD a more multidisciplinary approach to diagnosis is desirable.
 - 1.** This is particularly necessary for making a differential diagnosis, as ADD can overlap with various developmental and behavior disorders.
 - 2.** Typically, assessments for ADD are comprehensive, involving input from the home and other settings, and include an evaluation of the child's medical, psychological, educational and behavioral functioning.
- D.** The diagnosis of ADD depends on obtaining a thorough developmental and health history.
 - 1.** The developmental history and teachers' anecdotal reports and ratings about pre-academic and behavioral problems in the natural environment are important tools in the evaluation process.
 - a.** Children with ADD are described as inattentive, impulsive and/or distractible.
 - b.** If problem behaviors are reported by a number of different observers, began in early childhood, and have been present for more than six (6) months, it is likely that ADD is present.

- E.** While physical examination does not generally contribute to the diagnosis of ADD, it is necessary in excluding other medical conditions.
- 1.** It is generally agreed that neurological assessments (such as CAT scanning and EEGs) are not of benefit in diagnosing or treating ADD and should only be done when seizures or neurological findings are suggested by history and physical examination.
- F.** The evaluation for ADD must rule out conditions that may produce symptoms similar to ADD.
- 1.** These conditions include -
 - a.** Possible medication effects;
 - b.** Anxiety due to social/emotional factors;
 - c.** Sensory impairments;
 - d.** Systemic medical illness;
 - e.** Seizure activity; and
 - f.** Environmental toxins (such as lead poisoning).
- G.** There is tremendous variation in the behavior of children with ADD.
- 1.** The primary symptoms are inattention, impulsivity and over activity; however, the child may have varying manifestations of each of the characteristics and the overall severity may vary to a marked degree.
 - 2.** Children with ADD may display deficiencies in rule-governed behavior and in maintaining a consistent pattern of developmental performance over time.
 - 3.** The information obtained throughout the evaluation should provide data about the specific behaviors of concern within the natural environment in order to identify intervention strategies.