Purpose:

The purpose of this document is to serve as a guide for practitioners in identifying the educational needs of students with chronic or acute health conditions who may be eligible for service under the area of Other Health Disabilities. This informational paper will assist teams in determining the scope of educational needs, and in linking the presenting learning problems to the chronic or acute health diagnosis. The Other Health Disabilities Manual (available at http://www.nesc.k12.mn.us or MDE WEBSITE) provides a framework for gathering the necessary data and establishing a link between the presenting chronic or acute health conditions and educational needs in order to address criteria.

State Definition:

"Other Health Disability" - means having limited strength, endurance, vitality, or alertness, including a heightened or diminished alertness to environmental stimuli, with respect to the educational environment that is due to a broad range of medically diagnosed chronic or acute health conditions that adversely affect a pupil's educational performance.

Background:

Medical and educational teams often consider all medical diagnoses as chronic or acute health conditions and, therefore, may inaccurately assume that all such diagnoses are eligible for specially designed instruction, related services and accommodations under the OHD category label.

There are students with medical diagnoses in each and every one of the special education categories. A comprehensive educational evaluation describing the student’s presenting problems and possible eligibility for special education must be completed to determine which category (if any) best describes the student and his needs.

It is the responsibility of the evaluation team to determine what effect, if any, the chronic or acute health condition has on the student’s ability to access and make progress in his or her educational program.

Students who are medically diagnosed with chronic or acute health conditions present themselves in a variety of ways. Even students with similar health conditions can present with very different needs, depending on the manner and the severity in which the condition affects the student. Once the characteristics of the student’s condition have been identified and documented according to state OHD criteria, the team must be able to establish links between the child’s difficulties in school and the identified health condition to determine eligibility for OHD services.

Once links have been verified, services may be implemented that address the aspects of the health condition that have been found to prevent the student from accessing and making progress in his or her educational program. Services provided are based on individual needs not solely on the diagnosis of a chronic or acute health condition.
Remember...

- A medical diagnosis alone is insufficient to determine eligibility for special education services.
- All students with medical diagnoses are not automatically to be considered for eligibility for Other Health Disabilities. Teams are advised to focus on the presenting problems in conjunction with a comprehensive evaluation to determine the appropriate disability category.
- Students with some medical diagnoses may demonstrate educational concerns that may lead teams to consider them eligible for other special education categories.
- Services and accommodations may be provided through a 504 plan, an Individual Health Plan (IHP,) or through district level supports.
- When determining eligibility for children birth through age six who have been diagnosed with a syndrome or condition know to hinder normal development, please see Minnesota Rule 3523.1350, Early Childhood Special Education.

Students who have a physician diagnosed health condition may need an education evaluation if they are experiencing inadequate academic progress (poor-to-failing work). In order to qualify for services under OHD eligibility, the health condition must adversely affect the pupil’s ability to complete educational tasks within routine timelines, as documented in three or more of the following areas:

1. excessive absenteeism linked to the health condition, for example, hospitalizations, medical treatments, surgeries, or illnesses;
2. specialized healthcare procedures that are necessary during the school day;
3. medications that adversely affect learning and functioning in terms of comprehension, memory, attention, or fatigue;
4. limited physical strength resulting in decreased capacity to perform school activities;
5. limited endurance resulting in decreased stamina and decreased ability to maintain performance;
6. heightened or diminished alertness resulting in impaired abilities, for example, prioritizing environmental stimuli; maintaining focus; or sustaining effort or accuracy;
7. impaired ability to manage and organize materials and complete classroom assignments within routine timelines; or
8. impaired ability to follow directions or initiate and complete a task.
GUIDE FOR COMPLETING AN EVALUATION FOR STUDENTS WITH HEALTH CONDITIONS

Please note:

- Students must demonstrate disability in a minimum of 3 of the 8 components of the OHD criteria.
- There are examples in the appendix that address additional goal and objective possibilities.

The examples provided here are based on practice in the field and will assist teams to develop goals related to the needs determined by a comprehensive evaluation. The examples describe students with a variety of health disabilities and often multiple needs. You will note in the examples that there are goals that address productivity, health and academic progress. Teams struggle to write goals for students with OHD because they believe they must write only academic goals and are unsure of how to document and include data about productivity and health that impact academic performance.

Teams need to consider:

- HEALTH - how the health condition manifests itself (pain, frequent medical treatments, medication and side effects, inconsistent wellness, strength or endurance or focus)
- PRODUCTIVITY - write goals that will diminish the impact the health disability has on learning (amount of work, completion of work, inconsistent output)
- ACADEMIC - provide accommodations, modifications and specially designed instruction to allow the student to access the learning environment. (length of assignments, alternate curriculum or testing options)
1. ATTENDANCE

Attendance - excessive absenteeism linked to the health condition. Student is noted to have consistent or intermittent absences that interfere with academic progress and participation in school activities. Absences must be the result of hospitalizations, medical treatments, surgeries, or illnesses. This may also be considered for students who are present at school, but miss an excessive amount of classroom instruction due to their health condition (i.e. are often in the nurse’s office for nebulizer treatments).

Evaluation Data Sources:
1. Parent/Teacher Interview
   - List primary concerns of parent or teacher in this area. Try to focus on how this affects the student's school performance.
   - Ask how these concerns are being addressed and if they have suggestions for addressing needs.
2. Health History/Medical Documentation
3. Record Review

Notes:
- There is no “typical” minimal or maximum amount of absences to be considered excessive.
- Documentation must describe the effects of the absences.
- Excessive absenteeism is based on comparison with peers and effects on learning.
- Intermittent, as well as cumulative absences must be considered, as each may impact learning.
- Excessive absences may not be due to refusal to attend school, school phobia, truancy, or non-medically prescribed or health-condition related procedures (i.e., vision therapy).
- Excessive absences, for the purposes of OHD, may not be related to a manifestation of an emotional or behavioral disorder. For example, in a case where a student misses school due to an anxiety disorder, the team should consider whether that student demonstrates a disability in another category (i.e., E/BD).

Example Evaluation Data:
Jose has been diagnosed with leukemia. He had been absent from school intermittently for six months with symptoms related to leukemia before he was diagnosed. During the first two weeks of chemotherapy, he has been absent for nine days. An additional three rounds of chemotherapy are scheduled, in which further absences are anticipated. Additionally, Jose currently misses half-days of school when overly fatigued. Prior to receiving this diagnosis, Jose was performing at a level similar to his peers. Since the onset of these absences, he has been unable to maintain adequate academic progress in MATH when compared to his peers.

Educational Need:
Jose needs to improve his multiplication skills.

Corresponding PLEP Statement:
Due to Jose’s health-related absences, he has experienced gaps in his instruction. Jose’s health condition results in excessive absences from school for frequent hospitalizations and interferes with his ability to maintain satisfactory academic progress in comparison to peers. Jose is absent on an average of 2-3 days per week, compared to an average peer of absence of one day per month. As a result, Jose has missed instruction of skills related single-digit multiplication. On the last timed multiplication test, Jose was able to correctly answer 42/100 problems in a five-minute probe when peers answered 95/100. Jose was not able to correctly answer problems that included 4’s, 7’s, and 9’s.
**ACADEMIC Goal Statement:**
Jose will increase his multiplication skills from 42/100 to 95/100 on five-minute timed single-digit mixed multiplication problems.

**Objectives:**
1) Presented with multiplication flashcards for 4’s, 7’s, and 9’s, Jose will correctly answer 19 out of 20 facts in 1 minute on 4/5 probes as measured by school staff on a flashcard chart.

2) Given a 5-minute timed single-digit mixed multiplication probe, Jose will complete 75 of 100 accurately as measured by school staff on a graph.

3) Given a 5-minute timed single-digit mixed multiplication probe, Jose will complete 95 of 100 accurately as measured by school staff on a graph.
2. HEALTH CARE PROCEDURES

Health Care Procedures - specialized health care procedures that are necessary during the school day. This area should be considered when a student currently (or it is anticipated) needs nursing care during the school day as prescribed by the student's licensed physician. These procedures require training for the individual who performs them. Examples include catheterization, gastric tube feeding, postural drainage, tracheotomy care, oxygen administration, ostomy care, and the administration of medications: oral, inhaled, injected or IV. (NOTE: The link must still be made on the impact that these procedures are having on the student’s ability to make adequate progress).

**Evaluation Data Sources:**
1. Parent/Teacher Interview
   - List current/anticipated nursing services student will need in the school setting.
   - Ask how the student’s concerns are currently being addressed.
2. Health History/Medical Documentation
3. Systematic Observation
4. Records Review

**Notes:**
- IEP goals and objectives are educationally based. School nurses are usually not required to write educational goals and objectives on the IEP unless a student is learning a behavior, or task, related to his or her health condition (e.g., self-catheterization, asthma self cares such as a nebulization procedure, diabetic self-cares).
- When students at school need ongoing nursing management, a documented plan of care is essential. An Individual Health Care Plan (IHP) should be written that documents the information from the nursing assessment and includes the student goals and outcomes that are to be achieved. The IHP would include more detail than the IEP and should be attached to the IEP.
- Medication administration pertains to lengthy procedures that remove the child from the learning setting. This does not include simple medication administration, or monitoring procedures such as blood-sugar levels, blood pressure checks, or/and administration of oral medication (i.e. Ritalin, anti-convulsive medications in pill form, etc.).

**Example Evaluation Data for an academic goal:**
Rachel, a second grader with a diagnosis of Immune Deficiency Disorder, requires immunoglobulin (IVIG infusions) every two weeks. These treatments are one hour in duration. These regularly scheduled treatments occur during reading and language instruction. Due to the time away from instruction, Rachel is not meeting reading milestones at a rate comparable to the majority of her peers.

**EDUCATIONAL Needs Statement #1:**
Rachel needs to increase her reading fluency skills.

**Corresponding PLEP Statement:**
Due to Rachel’s requirement for specialized health care procedures (IVIG infusions) during the school day, Rachel has missed significant amounts of reading and language instruction. Poor performance on classroom tests, as well as a one-year lag in standardized, 1:1 academic assessment results, indicates that Rachel needs to increase her reading fluency skills.

**ACADEMIC Goal:**
Rachel needs to improve her reading fluency from 11 wpm at the second grade level to 60 wpm at the second grade with 90% accuracy.
Objectives:

1) Using 2nd grade reading materials, Rachel will increase her reading fluency to 30 wpm with 90% accuracy on 3/4 probes as measured by a teacher reading record.
2) Using 2nd grade reading materials, Rachel will increase her reading fluency to 60 wpm with 90% accuracy on 3/4 probes as measured by a teacher reading record.

Example Evaluation Data for health-related goal:

Karl has diabetes and needs to monitor his blood glucose levels three times a day. He also needs to give himself insulin and adjust his food choices as needed. Karl currently needs to come to the Nurse’s office to perform his blood glucose monitoring. He is unsure of the procedure and is often refusing to take responsibility for his diabetes self-management. Karl’s diabetes has the potential of affecting his learning and behaviors when his blood glucose levels are outside of his target range. Karl needs to work on his blood sugar control through education and choice making. Karl is able to receive optimum benefit from his education when he is not experiencing a blood glucose level outside his target range—either hypo- or hyperglycemia.

EDUCATIONAL Need Statement #2:

Karl needs to improve the self-management of his diabetes.

CORRESPONDING PLEP:

Karl is experiencing difficulty with being able to fully focus and participate in class because of inconsistent blood sugar levels. Because Karl is unsure of the procedure for testing his blood glucose levels, he cannot perform testing independently and is missing instruction time each day when he leaves class to test his blood glucose levels in the Nurse’s office.

HEALTH Goal:

Karl will move toward diabetes self management from a level of requiring adult assistance to independently managing his care 60% of the time.

Objectives:

1. Given a visit to the Nurse’s office, Karl will test blood glucose levels as per healthcare provider protocol, 100% of the time, as reported by the school nurse and documented on a flow sheet.
2. Given a visit to the Nurse’s office, Karl will state his food choices for lunch and compare them to the list of carbohydrate content at a minimum of 50% of the time as reported by the school nurse and documented on a flow sheet.
3. Given a visit to the Nurse’s office, Karl will identify symptoms of low blood glucose and treat appropriately 100% of the time as reported by the school nurse and documented on a flow sheet.
3. MEDICATION

Medication - medications that adversely affect learning and functioning in terms of comprehension, memory, attention, or fatigue. Concerns in this area should be considered when a student is taking medications during the school day to manage his/her health/medical needs.

Evaluation Data Sources:
1. Parent/Teacher Interview
   - List current medication(s) student receives for health condition and how medication appears to affect student.
   - Ask how the medication is being administered and if a specialized procedure is needed.
2. Systematic Observations
3. Health History/Medical Documentation
4. Records Review

Notes:
- The evaluation must demonstrate documented evidence of memory, attention or fatigue issues related to the prescribed medication.
- Best practice would be to collaborate with medical professionals regarding the effects of medications administered to the student.
- Students taking a prescribed medication may not experience all the known possible side effects. The team should determine if any possible side effects are actually affecting the student’s educational performance.

Example Evaluation Data:
Sarah is a survivor of childhood leukemia and has received multiple invasive treatments and medications including: Prednizone PO, Vincristine IV, Cytarabine (intrathecal), Methotrexate Laparaginase, Thioguanine PO, Intrathecal Triples (Methotrtrtexate, Cyhtarabine, Hydrocortisone), Doxorubicin IV, Cyclophosphamide IV, Cytarabine IV, Methtrexate PO, Mercaptopurine PO, and Dexamethasone PO. Intrathecal treatments, specifically, have been demonstrated to result in sequelae involving reduced cognitive and attentional abilities over time (Journal of Developmental and Behavioral Pediatrics (1990), 11:6, 301-305). Although Sarah is not currently on any medication, her present levels of cognitive performance, her inattentiveness in class, and her impaired ability to grasp concepts when compared with peers are consistent with these effects. Sarah continues to experience chronic effects from the sequelae resultant of her past medical treatments demonstrated through information gathered through interviews and observations.

Educational Needs Statement:
Sarah needs to improve her work completion skills.
**Corresponding PLEP Statement:**
Sarah’s reduced cognitive ability resultant from chemotherapy treatments impacts her ability to progress at a level similar to peers. Sarah’s rate of work is significantly slower than her peers. When given independent work time, Sarah is able to complete one assignment in the time her peers are able to complete three. She requires frequent repetition of directions and prompts to get back to work. Sarah needs to increase her independent work skills in order to maintain focus and grasp basic concepts within the mainstream curriculum.

**PRODUCTIVITY Goal:**
Sarah will increase her work completion skills from needing directions repeated five times during independent work time to needing directions repeated two or fewer times.

**Objectives:**
1. Given a worksheet with the directions highlighted, Sarah will read the highlighted directions and verbally state the directions in the correct order on 4/5 trials as monitored by school staff using a data sheet.

2. Given instruction on how to identify key details in a set of directions and a worksheet, Sarah will independently highlight the key details with 90% accuracy on 4/5 trials as monitored by school staff using a data sheet.

3. Given a worksheet with the directions highlighted, a need to have the directions repeated, and a verbal prompt by her teacher to check her directions, Sarah will independently check the highlighted directions and continue working on 4/5 trials as monitored by school staff using a data sheet.
4. PHYSICAL STRENGTH

Physical Strength - limited physical strength resulting in decreased capacity to perform school activities. This area should be considered when a student's health condition limits ability to handle materials, transition within the building, and participate in recreational or leisure playground activities.

Evaluation Data Sources:

1. Parent/Teacher Interview
   - Describe how student's limited physical strength results in decreased capacity to perform school activities and primary concerns.
   - Ask how these concerns currently being addressed.
2. Systematic Observation
3. Health History/Medical Documentation
4. Records Review

Notes:

- Documentation must be linked to treatment or etiology and describe the effects on learning. This includes modifications and accommodations necessary during P.E., recess, field trips, and school transitions.
- Overall weakness permeates the child’s school day. Limited strength may impact the quality and quantity of work, including homework.

Example Evaluation Data:

Doris has limited physical strength associated with her JRA. She experiences swelling of her hand joints, as well as hand pain. These symptoms result in her inability to use typical writing utensils for any extended period. Alternate methods of work output have been provided to Doris in order to increase her work output and lessen fatigue. Her limited ability to perform written language tasks in the classroom has prevented her from practicing and mastering sentence construction, syntax, and other basic writing skills. Work samples, as well as standardized 1:1 assessments and group tests reflect inadequate academic progress in the area of written language when compared with a majority of her peers.
**Educational Needs Statement:**
Doris needs to improve her sentence writing skills.

**Corresponding PLEP Statement:**
Since Doris’ condition of JRA inhibits her ability to perform written language tasks at a level commensurate with peers, Doris is lacking many sentence writing skills. Doris omits correct punctuation 50% of the time on classroom writing samples. She uses correct capitalization 60% of the time at the beginning of a sentence, but only 30% of the time when her writing includes proper nouns. Writing samples document that Doris uses correct subject/verb agreement 50% of the time. Currently Doris is provided with adult assistance to complete written language tasks. As a result, she has not mastered using writing mechanics independently.

**ACADEMIC Goal:**
Doris will improve her capitalization skills from using correct capitalization 60% of the time to writing 5 sentences with correct capitalization 80% of the time.

**OBJECTIVES:**

1) Given 10 sentences, Doris will correctly identify capitalization errors with 80% accuracy on 8/10 trials as measure by special education staff using a data sheet.

2) Given a topic, Doris will write three sentences using correct capitalization with 80% accuracy on 8/10 trials as measured by special education staff using a data sheet.
5. ENDURANCE AND STAMINA

Endurance and Stamina - limited endurance resulting in decreased stamina and decreased ability to maintain performance. This area should be considered when a student fatigues easily, experiences chronic pain and inconsistently performs in the classroom setting.

**Educational Data Sources:**
1. Parent/Teacher Interview
   - Describe how student's decreased stamina and decreased ability to maintain performance affects him/her in the classroom setting. Determine parent’s/teacher's primary concerns.
   - Ask how these concerns are currently being addressed.
2. Normed/Standardized Evaluation
3. Systematic Observations
4. Health History/Medical Documentation
5. Records Review

**Notes:**
- Students may do well at the beginning of the day and show a declined performance by the end of the day. The team should keep that in mind when developing an educational program.

**Example Evaluation Data:**
The effects of Robert’s Bronchopulmonary Dysplasia (BPD) make it laborious for him to breathe. He expends excessive effort in taking normal breaths. This has resulted in excessive fatigue and in an inability to fully participate in classroom activities. Classroom observations indicate that Robert requires frequent rest breaks and therefore his access to regular-classroom academic instruction is fragmented and inconsistent.

**Educational Needs Statement #1:**
Robert needs to improve his multiplication skills.

**Corresponding PLEP Statement:**
The frequent need for rest breaks associated with Robert’s diagnosed condition of BPD has and continues to disallow him from full participation in mainstream math class. This has resulted in fragmented and inconsistent exposure to basic math skills. Robert has missed over 40% of math class because it is held in the afternoon. Robert is completing his assignments with less than 60% accuracy when working independently. Robert knows his basic multiplication facts, but is unable to multiply 2-two digit numbers independently.

**ACADEMIC Goal:**
Robert will increase multiplication skills of 2-digit numbers from 60% to 90%.

**Objectives:**
1) Presented with two 2-digit whole numbers and verbal prompts, Robert will be able to correctly multiply the numbers presented with 90% accuracy on 8/10 trials as measured by special education staff using data sheets.

2) Presented with two 2-digit whole numbers and a visual cue, Robert will be able to correctly multiply the numbers presented with 90% accuracy on 8/10 trials as measured by special education staff using data sheets.

**Educational Needs Statement #2:**
Robert needs to improve his self-monitoring skills.
Corresponding PLEP Statement:
Robert requires frequent rest breaks due to fatigue associated with his diagnosed condition of BPD. Robert seldom asks to take a break. His teachers notice when he is showing signs of fatigue and suggest that he take a rest break. Robert often works to the point of exhaustion. This results in frequent illnesses and absences from school.

HEALTH Goal:
Robert will improve his ability to self-monitor his level of stamina from requiring adult assistance to doing so independently.

Objectives:
1. Given instruction on physical signs of fatigue and a self-monitoring data sheet, Robert will record the signs that he is experiencing with 90% accuracy on 4/5 trials as monitored by special education staff.

2. Given instruction on prioritizing work tasks, Robert will identify the tasks that he has for homework, indicate the amount of time needed to complete the tasks, and the order in which they need to be completed with 90% accuracy on 8/10 trials as monitored by special education staff using a data sheet.
6. HEIGHTENED OR DIMINISHED ALERTNESS

Heightened or diminished alertness - heightened or diminished alertness resulting in impaired abilities, for example, prioritizing environmental stimuli, maintaining focus, or sustaining effort or accuracy. This area should be considered for students who appear to become overactive or shutdown, are off-task, complete fewer assignments than peers, have difficulty listening and/or have poor work quality.

**Evaluation Data Sources**

1. Parent/Teacher Interview
   - Describe how student's heightened or diminished alertness impacts his/her classroom performance. Use measurable data (i.e. student is off-task about 60% of the time).
   - Determine parent’s/teacher's primary concerns. Ask how these concerns are currently being addressed.
2. Normed/Standardized Evaluation
3. Systematic Observation
4. Health History/Medical Documentation
5. Records Review
6. Documentation of a diagnosis signed by a licensed physician within the past 12 Months.

**Notes:**

- Students require frequent redirection.
- Students may be distracted and/or unable to “filter out” visual, auditory or tactile stimuli in their environment.
- Students experiencing pain or fear related to a condition may be unable to focus and perform efficiently.
- This is not a student making a choice to not participate or perform a task.
- There must be evidence of the need for specific academic instruction vs. accommodations or instruction due to off-task behaviors. For example, if a student achieves average scores on an individually administered 1:1 test, but fails on classroom tests and does not turn in work within routine timelines, the student may require assistance in developing independent work skills vs. direct academic instruction.

**Example Evaluation Data:**

Susan’s diagnosis of Attention Deficit Hyperactivity Disorder-Inattentive Type manifests itself in an inability for her to sustain attention during typical instructional activities. Observation data gathered during her ability-grouped reading class describes Susan as being on task 30% of the time, when compared with a random sample of peers, who were on task 62% of the time. When redirected by her teacher, Susan returns to work, but 90% of the time is found to be off task within three minutes of the last redirection.

**EDUCATIONAL Needs Statement:**

Susan needs to improve her independent work skills.

**Corresponding PLEP Statement:**

Observational data documents that Susan is on task 30% of the time. Susan responds appropriately to redirection by her teacher. It is found that Susan understands the directions given in her assignments. She is able to repeat them when asked to do so. When an assignment is given, Susan begins working within one minute. She is able to sustain independent work for up to three minutes with most tasks.

**PRODUCTIVITY Goal:**

Susan will improve her ability to remain on task from 30% of the time to 60% of the time.

**Objectives:**

1. Given a classroom assignment and a prompt to begin working, Susan will begin working within ten seconds on 8/10 trials as monitored by special education staff using a data sheet.
2. Given a classroom assignment and independent work time, Susan will work independently for five minutes on 8/10 trials as monitored by special education staff using a data sheet.
7. MANAGING AND ORGANIZING MATERIALS

Managing and organizing materials - impaired abilities to manage and organize materials and complete classroom assignments within routine timelines. This area should be considered for students who consistently complete fewer assignments than peers and/or whose assignments are often not completed within routine timelines even after regular methods of organizing have been implemented.

Evaluation Data Sources:
1. Parent/Teacher Interview
   - Describe how student demonstrates impaired ability to manage and organize materials and complete classroom assignments within routine timelines.
   - Ask teacher for data (e.g., student completes 50% of the assignment during class time and needs adult assistance compared to peers completing 90% of the assignment without adult assistance).
   - Determine parent’s/teacher’s primary concerns.
   - Ask how concerns are currently being addressed.
2. Systematic Observations
3. Records Review

Notes:
- There must be evidence of the need for specific academic instruction vs. accommodations or instruction due to organizational issues. For example, if a student achieves average scores on an individually administered 1:1 test, but fails on classroom tests and does not turn in work within routine timelines, the student may require assistance in developing independent work skills or assignment modifications vs. direct academic instruction.
- Organizational difficulties may present academically, and may require specially designed instruction to remediate. In math, for example, this may include difficulties in setting up equations and/or following the steps towards completion of them.

Example Evaluation Data:
Gennifer has been diagnosed with Neurofibromatosis Type 1, which results in a pronounced difficulty in her ability to attend to classroom instruction and follow classroom routines. Gennifer’s teacher reports that she is unable to independently pack homework at the end of the day, and that she requires repeated prompts to turn in completed assignments. When assignments are turned in, they are seldom finished. During the last grading period, records indicate that Gennifer turned in 40% of her assignments on time as compared to 80% for her peers. This has resulted in failing grades. Gennifer is able to correctly record her assignments in her planner.

EDUCATIONAL Needs Statement:
Gennifer needs to improve her organizational skills.

PRODUCTIVITY Goal:
Gennifer will improve her organizational skills from needing adult assistance when gathering her homework materials to gathering her homework materials independently.

Objectives:
1. Given the completion of a role modeling activity with an adult, Gennifer will verbally review the assignments written in her planner with an adult and place the needed homework materials in her bag on 5/5 trials as monitored through a teacher generated checklist.
2. Given the successful completion of verbal rehearsal activities, Gennifer will independently review the assignments written in her planner and place the needed homework materials in her bag on 5/5 trials as monitored through a teacher generated checklist.
8. FOLLOWING DIRECTIONS AND TASK COMPLETION

Following directions and task completion - impaired ability to follow directions or initiate and complete a task. This area should be considered for students whose level of distractibility and/or impulsivity interferes with ability to attend during a lecture, start work and remain on task, focus and complete activity-based classroom projects in comparison to peers.

Example Evaluation Data:
1. Parent/Teacher Interview:
   - Describe how the student demonstrates impaired abilities to follow directions or initiate and complete a task.
   - Determine the parent’s/teacher’s primary concerns.
   - Ask how concerns are currently being addressed.

2. Normed/Standardized Evaluation
3. Systematic Observations
4. Record Review

Notes:
- There must be evidence of the need for specific academic instruction vs. accommodations or instruction due to issues related to independent work skills. For example, if a student achieves average scores on an individually administered 1:1 test, but fails on classroom tests and does not complete tasks or initiate tasks independently in the day to day routine classroom situation, the student may require instruction in developing independent work skills vs. direct academic instruction.
- Students who have an Acquired Brain Injury or other neurologically based conditions may not present with educational difficulties in earlier grades. The student may experience increasing difficulties in maintaining academic progress, as requirements for executive functioning (i.e., task management, focus, organization, and independent work skills) increase in upper grades.
- In order to establish a pattern, it is important for the team to thoroughly examine the students’ academic history when determining the student’s current need for academic support.

Example Evaluation Data:
Denise’s medical records document a sustained in utero stroke in the frontal lobe region. Due to the focus of stroke damage, there is reason to suspect that Denise’s performance has been negatively impacted. Denise requires frequent adult redirection in order to initiate and complete routine classroom tasks. Observation data documents that Denise requires 2 prompts per minute, as compared to peers requiring no prompts, to remain on task during a written assignment. When asked to repeat the directions of an assignment, Denise was only able to verbalize one of the four steps required when peers were able to verbalize all steps. Observations indicate that when asked to work in a group, Denise required 5 redirections, compared with no redirections required of her peers. Denise’s teacher reports that this is typical of Denise’s performance in day-to-day classroom situations.

EDUCATIONAL Needs Statement:
Denise needs to improve her ability to work in cooperative groups.

Corresponding PLEP Statement:
When assigned to a cooperative group, Denise is able to join the group when asked to do so. When the task directions are given to the group, Denise is able to restate 25% of the directions that are given. At this time, Denise does not ask her teacher or her peers to restate the directions. When she is unsure of the task assigned, Denise exhibits off task behaviors such as talking with her peers, wandering around the work area, or playing with her materials.
PRODUCTIVITY Goal:
Denise will improve her ability to work in a cooperative group from needing 5 prompts to return to her assigned task to completing her work with two or fewer redirections.

Objectives:
1. Given instruction on the roles of cooperative group members and a visual guide, Denise will name and define the roles of each group member with 100% accuracy on 2/3 trials as monitored by special education staff using a data sheet.

2. Given instruction on the rules used when in a cooperative group, Denise will state the rules given with 100% accuracy on 2/3 trials as monitored by special education staff using a data sheet.
Clarification of Terminology within Criteria

**Chronic Health Condition**: One that is long term and is either not curable or has residual features that result in limitations in functions of daily living requiring special assistance or adaptations, OR, a disease or disorder that develops slowly and persists for a long time—often the remainder of the life span. Examples are epilepsy, sickle cell anemia, leukemia, or diabetes or some autoimmune diseases.

**Acute Health Condition**: A disease or disease symptom that begins abruptly and with marked intensity then subsides after a relatively short period of time. Examples would be Crohn's disease, kidney diseases or conditions that require an organ transplant, OR, a health condition with rapid onset, severe symptoms, and a short course. Sequelae, however, may be short-term or persistent. (Sequelae are conditions that follow and result from a disease. For example, a child who has had meningitis may suffer from sequelae such as motor problems and cognitive impairment.)

**Heightened or Diminished Alertness**: Inability to maintain awareness, vigilance, mindfulness, or attentiveness. This may be caused by external stimuli in the environment or an internal inability to maintain focus.

**Limited Strength**: Lack of durability, energy or vigor that result in decreased capacity to perform school activities.

**Limited Endurance**: The inability to maintain effort caused by lack of resilience or stamina.

Inadequate Academic Progress: Inadequate progress in comparison to peers as measured by these outcomes and which are directly linked to the chronic/acute health condition:

- Grades, test scores, and daily work: Academic work is consistently in the poor-to-failing range.
- Poor work completion: Failure to consistently complete work in a timely manner and results in poor-to-failing academic performance.
- Decrease or change in work output: There is a documented and consistent decrease or change in the amount of work produced that results in poor-to-failing academic performance.
- Decrease or change in independent functioning or organizational skills: There is a documented and consistent decrease in student’s independent functioning or organizational skills that results in poor-to-failing academic performance.

**Systematic Interview**: Objective and organized means of gathering data from parents and teachers to confirm or validate criteria.

**Systematic Observation**: An objective and organized means of gathering data to confirm or validate the criteria.
Additional Goals and Objectives

POSSIBLE GOALS:

On Task Behavior:
______ will increase ability to pay attention and remain on task from ___ to maintaining attention without verbal or physical off-task behavior (attention)

____ will use strategies such as note-taking, eyes on the speaker, and preferential seating to increase time on task from a level of less than 50% of the time to 80% of the time or more. (attention)

Impulsivity:
___ will use strategies to decrease verbal interruptions from a level of at least 1 interruption every 2-3 minutes to a level of no more than 1 interruption every 8-10 minutes. (impulsivity)

Task Completion:
______ will increase ability to complete assignments in a timely manner from ___ to starting, completing, and turning in assignments with ___ level of assistance.

___ will increase ability to organize homework, complete it and return it to school within expected time guidelines from ___ to a level of consistent organization and timely completion with ___ level of assistance.

___ will increase homework completion from a level of less than 50% turned in to a level of 80% or more turned in. (work completion)

___ will increase cooperative work skills from a level of needing frequent adult support in order to participate in group work, to a level of independent use of skills such as turn taking, sharing materials, and following directions. (cooperative work skills)

___ will increase appropriate use a daily assignment book, from a level of fewer than 50% of assignments logged to a level of 90% or greater. (planning)

___ will increase self-monitoring skills from a level of minimal involvement in self-monitoring to a level of daily use of planner, checklist, and other established strategies. (self-monitoring)

Independent Functioning:
____ will increase his ability to function (academically, behaviorally, and socially) in the classroom independent of immediate adult supervision and reinforcement to a level of needing no more than ___ redirection(s) or correction(s) per activity period.

After absences ___ will discuss with teaching staff assignments missed and formulate a plan to complete assigned tasks with ___ level of assistance.

Organization:
___ will demonstrate organizational skills by locating and retrieving requested materials in less than 1 minute, from a level of less than 50% of the time to a level of at least 75% of the time.
____ will increase ability to prepare and organize materials from _____ to maintaining an organizer, having materials and schedule with ___ level of assistance.

____ will increase ability to transition between daily tasks/routines from ___ to moving to the next activity with ___ level of assistance.

____ will demonstrate organizational skills with personal belongings and the use of school materials and equipment increasing his level of functioning from needing consistent adult supervision to age level expectations.

____ will demonstrate improved organizational skills through increased daily work productivity from a level of ___ assignments completed to ___ assignments completed as noted in assignment logs.

POSSIBLE OBJECTIVES:
____ will successfully follow the school routines of organizing his personal belongings (clothes, backpack, supplies, etc.) at school arrival and dismissal times, lunch and recess and transitional times of the day with no more than one adult reminder at least ___% of the time as measured by staff data collection.

____ will demonstrate age appropriate organization of school materials by following adult instruction to get specified school equipment (paper, pencils, books, etc.) without the need to immediate supervision or guidance ___% of opportunities as measured by staff data collection.

____ will verbally repeat back directions for successful completion of an activity in a logical and sequential order when asked by an adult with ____% accuracy ___ of ___ opportunities presented as measured by teacher observation and behavioral documentation.

When given a direction, ____ will begin said directive within ___ minute without a reminder in ___ of ___ consecutive occasions as measured by data from observations.

____ will independently write out a daily activity schedule and self-monitor his/her participation and completion with two or less adult reminders for ___ of ___ school days as measured by teacher observation and behavioral documentation.

____ will verbally state appropriate materials for completion of an assigned task when asked and demonstrate the ability to locate and acquire those materials without adult assistance or reminder ___% of the time as measured by documented observations.

____ will independently plan and write out a schedule for completing a weeklong project and then follow through with the schedule independently or seek appropriate adult assistance through successful completion of ___ of ___ opportunities presented as measured by teacher evaluation.

____ will remain on task for ___ of ___ minutes per class period as measured by ___ of ___ random observations.

____ will use the time provided to work on assigned tasks in order to complete ___ tasks per day as measured by ___ of ___ observations on ___ consecutive days.
Given classroom and group work and information about _____ (self-calming techniques, resisting peer pressure, etc.) ____ will show evidence of understanding the information ___% of opportunities probed as measured by teacher records and social worker documentation.

Given unstructured times, ____ will complete assigned task ___% of opportunities presented as measured by record of observations of staff on ___ of ___ occasions.

Given a variety of tasks within the classroom; such as passing out papers, collecting papers or books, erasing/caring for writing boards, etc.; ____ will take responsibility for completing the tasks independent of direct adult supervision at least ___% of opportunities presented as measured by staff documentation.