

HEALTH CONDITIONS AND THE IEP PROCESS

Health conditions can have a huge impact on student school performance. Success in the classroom, within the community, and on the job requires that young people are healthy. Young people with life-long health issues need to learn early how to maintain and sustain health and wellness -- and to participate in their health care decisions.

Thus, understanding student health issues and how they impact a student's life is critical for all school team members, including family members and the student.

Public schools provide health and nursing services to an increasing number of students with special health care needs. According to Linda Caldart Olsen and Judy O'Kane of the Wisconsin Department of Public Instruction, both federal and state legislation help guide health care professionals working in schools.¹

DPI is clear that every student with an IEP who requires nursing care, intervention or supervision must have a Health Care Plan written by a health care professional.² The health plan is a document that provides direction to adult staff that implement all or a portion of the plan. The need and type of required services should be referenced in the IEP. If the student is beginning to learn self-care, this information also should be put in the form of learning goals and incorporated into the IEP.

Including valuable health information in the present level of performance and drafting IEP goals that incorporate health objectives that can be worked on during the school day will help improve the chances that students with health issues are more independent and successful in managing their health conditions as adults. Many school teams are unsure, however, how to incorporate health-related information into the IEP plan.

This document is designed to help school teams, families and youth with special health care needs find ways to incorporate useful health information into the IEP process, including documentation of health issues, useful health-related educational goals, meaningful accommodations and effective strategies to communicate health protocols and changes in health conditions.

PRESENT LEVEL OF PERFORMANCE

Within the present level of performance (often called the PLOP or PLEP), health concerns and support needs can be identified as part of the overall information gathered from the student, family, educators, friends and relatives and other team members.

According to Special Education in Plain Language, "The IEP must provide information on the child's present level of performance, addressing each area of need. The present level of performance is a clear, descriptive statement of how the child is performing in

¹ "Issues Related to Students with Special Health Care Needs in the School," Caldart-Olson, Linda, and O'Kane, Judy, Wisconsin Department of Public Instruction, retrieved April 2006.

² Need the citation here

specific areas of need as found during the evaluation. The statement should include the child's strengths, interests, and needs.”

Any health issues, limitations or needs can be incorporated into PLOP if it describes how the child’s disability affects the child’s involvement and progress in the general curriculum and also how the disability affects the child’s participation in school and recreational activities. (20 U.S.C. Section 1414 (d) (1) (A) of IDEA)

In addition, other needs for supports, adaptations, accommodations, equipment and other issues related to the student’s health concerns also can be recorded in the present level of performance.

An accurate and comprehensive present level leads to more meaningful and measurable goals and objectives and more appropriate types and levels of educational services.

Some sample statements that might be included in a present level include:

“John currently cannot verbally tell caregivers or others how to transfer him, making him reliant on his educational assistant throughout the day.”

“This year, Latrice missed 10 days of school because of pressure sores. She needs to learn ways to move in her wheelchair to reduce the risk of pressure sores so she doesn’t miss school.”

“Sarah knows which medications she takes on a daily basis. She needs reminders during lunch and at afternoon recess on when to take them. She also has “as needed” medication for her asthma. She is beginning to recognize her symptoms that indicate the need for her to use her inhaler, but need more instruction and practice.

“Stella routinely misses 3-4 school days each month because of migraines. She has not returned for treatment in six months because she feels she isn’t benefiting from treatment and still is unsure what might be triggering migraine onset.”

“Tim easily becomes dehydrated, causing him to become unfocused and disoriented. Tim is just beginning to recognize when he’s getting dehydrated and needs a water break.”

As students move toward adulthood, their IEPs can be more closely linked to post-school outcomes, starting at age 14 in Wisconsin and age 16 nationally. By age 14, students should attend their IEP meetings and make sure their opinions are heard. When students turn 18, they sign their own IEP instead of their parents, unless they have a guardian appointed by the court (for example, if their parent/family member has become their legal guardian).

Post-school outcomes that a transition IEP should address include:

- Employment and job training
- Post-secondary education
- Independent/home living
- Community Life
- Leisure and Recreation

As youth approach graduation and/or transition out of school services and the increased independence that often comes with post-school life, planning for health concerns can be an even more essential part of the transition IEP planning process. Some sample present levels of performance that might be included in a transition IEP include:

“Ava doesn’t know the symptoms of low blood sugar.”

“Jeb needs double the typical time during exams because of fatigue.”

“Tedi currently does not have a consistent way to communicate with medical care or school staff when she feels unwell.”

“Jermaine has not located an adult health care provider.”

“Leah knows where the pharmacy is, but does not know how to call in prescription refills.”

“Pat needs to learn how medical side effects could affect his work performance and stamina for recreation activities.”

“Monica needs to learn how her parents can remain involved in helping her make health care decisions after she turns 18.”

“Sam is unsure how or if his health insurance changes when he turns 21.”

“Oscar needs to be able to record presentations ahead of time because of social anxiety.”

GOALS AND OBJECTIVES

IDEA says every IEP must include a statement of measurable annual goals, including benchmarks that explain specifics of what the goal means. For instance, a math goal that says, “Joe will independently solve math problems at the 3rd grade level” might include benchmarks that show Joe knows his times tables, that Joe can solve word problems involving double-digit addition and subtraction, and Joe knows how to tell time independently.

Goals and objectives are frequently written to address each aspect of a school day and must be tied directly to needs identified in the PLOP. Academic subject area goals might

include math, reading and written communication. Other goals may include independence/self help; social interaction; and communication and speech.

Goals are designed to help the student participate in the general curriculum and meet other educational needs and are written to reflect what a student could be expected to meet in about one year.

Meeting health-related benchmarks may require the support of a variety of team members, including nursing, OT, PT, speech therapy, social work, school psychologists and guidance counselors. Regular and special education teachers may be responsible for helping implement goals and also for monitoring progress toward goals.

Sometimes a health goal should be written for the student, and sometimes a health activity/procedure/related service is more appropriately performed by a registered nurse or is delegated to an unlicensed staff person to perform without a role for the student. For example, a younger child may not be able to indicate the need for suctioning, so a student goal would not be included in the IEP. But the nurse would have a health plan that says he/she will assess respiratory status every 4 hours and suction if needed. The related service of a registered nurse doing this (or delegating it if appropriate) could be documented in the IEP in the section outlining necessary services, including related services such as nursing, without development of a student goal.

Some sample health-related benchmarks relating to educational performance that could be included in overall goals include:

Some possible In the category of Independence/Self-Help

- “Tim will monitor his urine output for quantity and color to assess for dehydration.”
- “John will practice a protocol for directing people on how to transfer him so that he can follow school routines without one-on-one supports.” (This could also be a communication goal).
- “Latrice will learn a routine of chair exercises that she uses during gym class each day so she reduces the chances of pressure sores.”
- “Sarah will follow a picture schedule throughout the day to independently take her meds without adult prompt 4 out of 5 days per week.
- “Tom will learn how to cath himself and clean up afterward so that he can use the bathroom independently.
- Sam will set up an appointment with a benefits counselor from the Wisconsin Disability Benefits Network during the first semester of school to learn about changes in his health insurance benefits at age 21.”
- “Pat will learn the signs of side effects caused by his meds so he can choose employment options and recreational activities independently that are suited to his stamina and interests.”
- “Stella will return to her physician to obtain a referral for management of her migraines and will chart her migraine symptoms on a daily basis for 3 months to determine patterns in occurrence/contributing factors and will share this chart

- with her physician.”* (*development of this chart should include school nurse or other medical professional to help determine WHAT should be charted—diet, menstrual cycle, activity level).
- “Stella will develop an increased awareness of the early warning signs of her migraines and will seek appropriate treatment.”
 - “Monica will meet with a health benefits counselor at least once during the first semester to learn about the range of decision-making options available before she turns age 18.”
 - “Jermaine will develop interview questions and contact two adult care physicians to interview during first semester so he can locate an adult care provider by age 21.”
 - “Mimi will independently use a programmed alarm watch 9 out of 10 times as a prompt to request a visit to the nurse’s office to take her meds.”

In the Category of Communication

- “Tim will communicate with his Dynamite that he needs a water break when he starts to feel dehydrated 4 out of 5 times without a prompting question.”
- “Tedi will program questions and a yes/no/I don’t know set of responses onto a single page of her Dynavox at school before each doctor’s appointment so she can communicate independently at doctor’s appointments in 3 out of 5 communication exchanges with her health team.”
- “Leah will learn the telephone number and rehearse a script to be able to call in her own prescription refills 3 out of 5 times.”
- “Josie will be able to tell school staff in all settings about her peanut allergy without prompts so she can participate across all school and community settings without direct adult supervision.”
- “Seb will communicate by hitting his Big Mac that he needs a break for repositioning 3 out of 5 times.”

SUPPORTS AND SERVICES NEEDED TO MEET GOALS

Once goals are drafted, IDEA says every IEP needs to include a statement of special education and related services either delivered directly to the child or on behalf of the child. The law also says the IEP must include a statement about program changes or help for school staff that will help the child do all of the following:

1. Move appropriately toward annual goals.
2. Be part of the general education curriculum and learn as much of it as possible, and
3. Be part of any school activities that any other children do.

Who Provides the Supports

Related services are the supports needed for a child to benefit from special education. They can include school health services. In addition, related services might include transportation, speech/language therapy, psychological services, occupational or physical

therapy, therapeutic recreation or modified physical education, counseling and others. If any of these services are identified as necessary in the IEP, the professionals working in those fields can either take a lead or supporting role in implementing specific goals, including health-related goals.

Some health-related objectives, such as learning a protocol using an assistive technology device or learning how to describe a health condition, could be supported by a related-service provider, such as a speech/language therapist. A goal that works on skills in a specific subject area, such as physical education, might be the joint responsibility of the physical education teacher and a special education assistant.

Some health-related goals can be carried out by a special education assistant with delegation and training from a registered nurse. The initial skills training such as learning to self-cath would be done by a registered nurse, but reinforcement and practice might come from the assistance of a para-professional supervised by an RN. Learning a transfer protocol might require training and consultation from a school nurse and maybe OT/PT. That training for school staff should be documented in the IEP as a necessary support.

Accommodations/Modifications

Program changes, also called modification or accommodations, can also be documented in this portion of the IEP. Some sample accommodations that help a student meet his/her goals, better access the curriculum and participate in school life include:

- Permission to use the bathroom or visit the school nurse at any time to attend to XX health condition.
- Immediate access to water or inclusion of a water bottle throughout the day.
- Permission to have snacks at certain times because of blood sugar or other health issues.
- Use of a Palm Pilot or laptop computer to keep track of medical data and schedules.
- Use of a picture schedule in order to keep track of daily routines and protocols.
- Use of an alarm watch to use in remembering medical schedules.
- Shortened school day or shortened class periods to accommodate health/stamina concerns or necessary health protocols.
- Permission to carry an Epi-Pen on school field trips in case of exposure to allergens.
- Extra time for tests or presentations because of fatigue.
- Positioning in the classroom near the front to accommodate vision or attention issues.
- Provision of a darkened, quiet room when a migraine may begin to present.
- Institution of fragrance-free building policy to lessen likelihood of migraine onset.