



a Family Guide to **Special Education Services**

OTHER HEALTH IMPAIRMENT

VOLUME 10

Family Guides for Special Education Services

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Other MDE Resources

Parent Engagement and Support

📍 mdek12.org/OSE/Information-for-Families

☎ 601.359.3498

General Resources for Parents:

📍 www.mdek12.org/OSE/Information-for-Families/Resources

Procedural Safeguards: Your Family's Special Education Rights

📍 mdek12.org/OSE/Dispute-Resolution

OTHER HEALTH IMPAIRMENT (OHI)

OHI Definition

Other Health Impairment (OHI) 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:

- A. 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, sickle cell anemia, or Tourette Syndrome; and
- B. Adversely affects a child's educational performance.

In order to qualify for special education services under OHI, the student must exhibit an exceptionality and have a need for specially designed instruction and related services.



Evaluation Requirements

When the evaluation team is considering eligibility under the Other Health Impairment category, the evaluation report and/or the eligibility determination report must include a diagnostic report from a physician or a nurse practitioner that provides information regarding:

- A. The nature of the student's health impairment, and
- B. Limitations and precautions to be considered, and
- C. Recommendations for educational programming.

When the evaluation team is considering eligibility under the Other Health Impairment (OHI) category due to an attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD), the comprehensive evaluation report and/or eligibility determination report must include all of the following:
- D. A description of the student's behaviors, settings in which the behaviors occur, antecedents leading to the behaviors, and consequences immediately following the behaviors;
- E. Attempts to address the behaviors and the results, including office discipline referrals and disciplinary actions;
- F. A description of how the behaviors adversely affect educational performance;

- G. A statement as to whether the behaviors are typical for the student’s age, setting, circumstances, and peer group, and if not, how the behaviors are different; and
- H. The correlation between documented behaviors and results of ADHD assessments.
- I. NOTE: For ADD and ADHD, a diagnostic report from a physician or a nurse practitioner is not required.



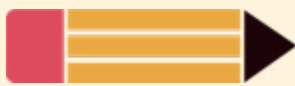
Specific Health Impairments

- ADD and ADHD
- Diabetes
- Epilepsy
- Heart conditions
- Hemophilia
- Lead poisoning
- Leukemia
- Nephritis
- Rheumatic fever
- Sickle cell anemia
- Tourette syndrome



Other Health Impairments Not Mentioned in IDEA’s Definition

- Fetal alcohol syndrome (FAS)
- Bipolar disorders
- Dysphagia
- Other organic neurological disorders



Helpful Vocabulary

Accommodation—Tool that enables a student with a disability to better access the general curriculum. Some accommodations are applicable to instruction only (for example, an assignment that is shortened but still addresses the state standard); others are permitted for both instruction and assessment (for example, change in formatting or timing).

Asthma—A respiratory condition marked by spasms in the bronchi of the lungs, causing difficulty in breathing. It usually results from an allergic reaction or other forms of hypersensitivity.

Attention deficit hyperactivity disorder (ADHD)—Any range of behavioral disorders occurring primarily in children, including such symptoms as poor concentration, hyperactivity, and impulsivity.

Diabetes—A disease in which the body’s ability to produce or respond to the hormone insulin is impaired, resulting in abnormal metabolism of carbohydrates and elevated levels of glucose in the blood and urine.

Epilepsy—A neurological disorder marked by sudden recurrent episodes of sensory disturbance, loss of consciousness, or convulsions, associated with abnormal electrical activity in the brain.

Free Appropriate Public Education (FAPE)—Foundational requirement of the Individuals with Disabilities Education Act of 2004 (IDEA) stipulating that special education and related services must be provided at public expense (that is, without charge to parents), meet state requirements, include an appropriate education that leads to outcomes such as employment or higher education, and conform to the Individualized Education Program (IEP) prepared for the student.

Hemophilia—A medical condition in which the ability of the blood to clot is severely reduced, causing the sufferer to bleed severely from even a slight injury. The condition is typically caused by a hereditary lack of a coagulation factor, most often factor VIII.

Individuals with Disabilities Act (IDEA)—A law that makes available a free public education to eligible children with disabilities throughout the nation and ensures special education and related services to those children.

Individualized Education Program (IEP)—A document written for a child with a disability that is developed, reviewed, and revised in accordance with state and federal policies.

Lead poisoning—Acute or chronic poisoning due to the absorption of lead into the body.

Least restrictive environment (LRE)—The requirement in federal law that students with disabilities receive their education—to the maximum extent appropriate—with nondisabled peers, and that special education students are not removed from regular classes unless—even with supplemental aids and services—education in regular classes cannot be achieved satisfactorily.

Leukemia—A malignant progressive disease in which the bone marrow and other blood-forming organs produce increased numbers of immature or abnormal leukocytes. These suppress the production of normal blood cells, leading to anemia and other symptoms.

Modification—Adjustment to an assignment, test, or activity in a way that significantly simplifies or lowers the standard or alters the original measurement. Modifications change what a student is taught or expected to learn, and most are applicable to students with significant cognitive disabilities.

Nephritis—Inflammation of the kidneys.

Related services—Additional support services that a child with disabilities requires, such as transportation, occupational, physical, speech pathology services, interpreters, medical services, etc.

Rheumatic fever—A disease that can affect the heart, joints, brain, and skin.

Sickle cell anemia—A severe hereditary form of anemia in which a mutated form of hemoglobin distorts the red blood cells into a crescent shape at low oxygen levels..

Significant cognitive disability (SCD)—In order for a student to be classified as having a significant cognitive disability, all of the following criteria must be true:

- The student demonstrates significant cognitive deficits and poor adaptive skill levels (as determined by that student’s comprehensive evaluation) that prevent participation in the standard academic curriculum or achievement of the academic content standards, even with accommodations and modifications.
- The student requires extensive direct instruction in both academic and functional skills in multiple settings to accomplish the application and transfer of those skills.
- The student’s inability to complete the standard academic curriculum is neither the result of excessive or extended absences nor is primarily the result of visual, auditory, or physical disabilities, emotional behavioral disabilities, specific learning disabilities, or social, cultural, or economic differences.

Speech-language pathologist (SLP)—A speech-language pathologist works to prevent, assess, diagnose, and treat speech, language, social communication, cognitive communication, and swallowing disorders in children and adults.

Specially designed instruction (SDI)—Universally required component that defines special education and stipulates that students with disabilities receive instruction that includes changes in content, methodology, and/or delivery. It is not dependent on setting and is a primary responsibility of special education professionals..

Tourette Syndrome—A neurological disorder characterized by involuntary tics and vocalizations and at times can include the compulsive utterance of socially inappropriate remarks.



Ways to Help at Home

What Are the Signs of ADHD?

Adapted from parentcenterhub.org/adhd

There are three main signs, or symptoms, of ADHD. These are:

- Problems with paying attention
- Being very active (called hyperactivity)
- Acting before thinking (called impulsivity)



Tips for Parents

Learn about ADHD. The more you know, the more you can help yourself and your child.

Praise your child when she or he does well. Build your child's abilities. Talk about and encourage your child's strengths and talents.

Be clear, be consistent, be positive. Set clear rules for your child. Tell your child what she or he should do, not just what she or he shouldn't do. Be clear about what will happen if your child does not follow the rules. Have a reward program for good behavior. Praise your child when she or he shows the behaviors you like.

Learn about strategies for managing your child's behavior. These include valuable techniques such as: charting, having a reward program, ignoring behaviors, natural consequences, logical consequences, and time-out. Using these strategies will lead to more positive behaviors and cut down on problem behaviors.

Talk with your doctor about whether medication will help your child.

Pay attention to your child's mental health and your own. Be open to counseling. It can help you deal with the challenges of raising a child with ADHD. It can help your child deal with frustration, feel better about herself or himself, and learn more about social skills.

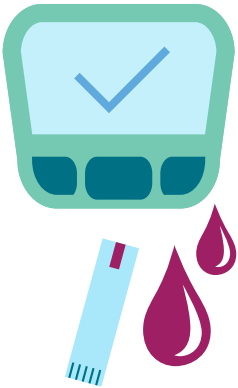
Talk to other parents whose children have ADHD. Parents can share practical advice and emotional support. Call your state's parent center to find out how to find parent groups near you.

Meet with the school and develop an educational plan to address your child's needs. Both you and your child's teachers should get a written copy of this plan.

Keep in touch with your child's teacher. Tell the teacher how your child is doing at home. Ask how your child is doing in school. Offer support.

How Can I Help My Child With Diabetes?

Taken from kidshealth.org/en/parents/feelings-diabetes.html



Acknowledge your child's feelings. Check in with your child regularly. Try to listen to everything she or he has to say before bringing up your own feelings. This kind of communication doesn't always have to be verbal. Drawing, writing, or playing music can help children with diabetes express their emotions.

Encourage active healthcare management. It is important to reinforce the idea that when kids take good care of themselves and manage their diabetes, they can avoid undesirable things like extra shots or missing out on activities their friends enjoy. Your child might even want to ask the doctor questions on her or his own.

Build independence. It can be hard, especially at first, but it is important to resist the urge to lower your expectations or overprotect a child with diabetes. Instead, encourage the same independence that you would expect from your other children. With the encouragement and support of parents, children with diabetes can take on some responsibilities for managing it—a change that often has a positive, confidence-building effect.

Help children find their strengths. Is your child a reader, a hockey player, a singer, a future astronomer, or an art lover? Diabetes does not define your child's life—it is only a very small part of who your child is.

Focus on friendships. Having fun with friends builds confidence and a sense of belonging. Encourage your child to discuss diabetes with friends. This can help friends feel more comfortable interacting with your child in the same way she or he did before the diagnosis. Instead of focusing on the one thing that's different, children can focus on all the things that they have in common with their friends.

Find ways to cope with bullying. Sometimes children pick on peers with diabetes or other health problems. Your child might use the following ways to deal with teasing or bullying:

- Act brave, walk away, and ignore the bully.
- Use humor or give the bully a compliment to throw the bully off guard.
- Use the buddy system.
- Tell an adult.

Correct misconceptions. Talk to your child about the fact that people do nothing to deserve diabetes—it just happens. Also, if your child feels like the diabetes is causing problems for you or your family, offer reassurance that there is no reason to feel guilty. Instead, your child should focus on dealing with her or his own feelings about diabetes, not yours.

Tell friends, teachers, and others about your child's diabetes. Ask your child if she or he wants others to know about the diabetes. Children sometimes find it less embarrassing if friends and classmates know that they have diabetes—that way, they don't have to worry about what their friends will think when they head to the nurse's office every day. Teachers and care providers also should know about the condition and its management (for instance, if your child takes breaks to test blood sugar or eats snacks at certain times).

Connect with others dealing with diabetes. Finding a support group for children and families with diabetes can help children to feel less different. These groups can boost your confidence as you deal with diabetes and offer advice and tips on managing it.

Get help when you need it. Be sure to keep your child's diabetes healthcare team in the loop about any emotional issues—they deal with this all the time and can provide help for your child and advice for you. If your child shows any signs of depression (such as lasting sadness or irritability, tiredness, appetite changes, or changes in sleeping habits), talk to your child's doctor or a mental health professional.

Every parent of a child with diabetes must deal with the feelings that come with the disease. Try to keep in mind that for most children, negative feelings about diabetes pass or change with time as they adjust to living with it.

Tips to Encourage and Support a Child With Epilepsy:

Adapted from

healthychildren.org/English/health-issues/conditions/seizures/Pages/How-to-Support-a-Child-with-Epilepsy-Information-for-Parents.aspx

- Learn as much as you can about epilepsy.
- Discuss epilepsy openly and honestly with your child and help your child talk openly and honestly with others about epilepsy.
- Avoid saying things that could make your child feel like a problem or burden.
- Be positive.
- Praise your child's success.
- Encourage sports, hobbies, and other interests.
- Help your child make friends.
- Work with your child to explain epilepsy to friends, relatives, teachers, and others.
- Continue family activities and traditions.
- Make time for yourself without feeling guilty. Respite allows you to take care of yourself so that you are physically and mentally better able to care for your child.
- Build a support network for you and your child
- Establish routines. Routines, schedules, and structure are what keep all busy families going.
- Have your child take medication at the same time every day.
- Involve your child in taking charge of her or his medications.
- Make sure your child gets enough sleep to lower the risk of seizures.
- Schedule a regular time for homework.

Addressing Medical Issues

Adapted from parentcenterhub.org/ohi



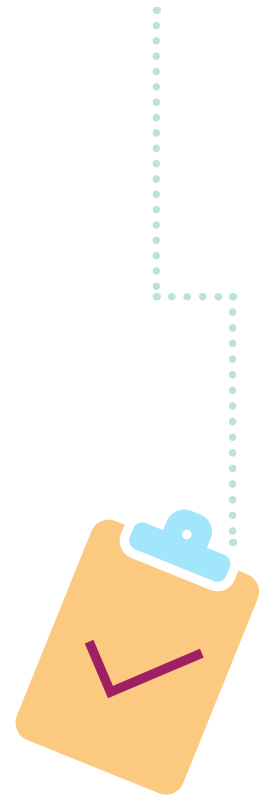
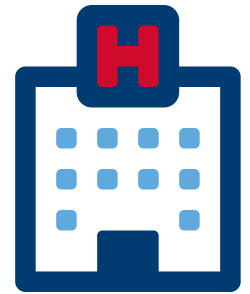
By their very nature, other health impairments involve medical care and medical concerns. The amount of time that must be devoted to doctor visits, medical appointments, hospitalization, and seeing to the child's well-being will depend greatly on the nature and severity of the child's health impairment. For many families, the actual medical care of their child can be a daily, weekly, and monthly challenge.

When Health Affects School Attendance

It's not uncommon for a child with OHI to have periodic absences from school, sometimes even lengthy ones, especially if hospitalization is necessary for whatever reason. During these times, the public school remains responsible for providing educational and related services to the eligible child with OHI. Because the IDEA specifically states that special education can be provided in a range of settings, including the home or the hospital, states and school districts will have policies and approaches for addressing children's individualized needs and circumstances.

The school, therefore, is the best source of information about what local policies govern how services are made available to children with OHI who are home-bound or hospitalized.

- When the child is at home, the school may arrange for a homebound instructor to bring assignments to the home and help the student complete those assignments.
- When the child is hospitalized, services may be provided by the hospital, through arrangement with the school, although this will vary according to local policies (In any event, the hospital is likely to have policies and procedures of its own, and it's important for the family to find out what those are.). The hospital may want to review the child's IEP and may, with the parent's permission, modify it during the child's hospitalization.
- After the child is discharged, the hospital will share a summary of the child's progress with the school, in keeping with whatever local school policies are.



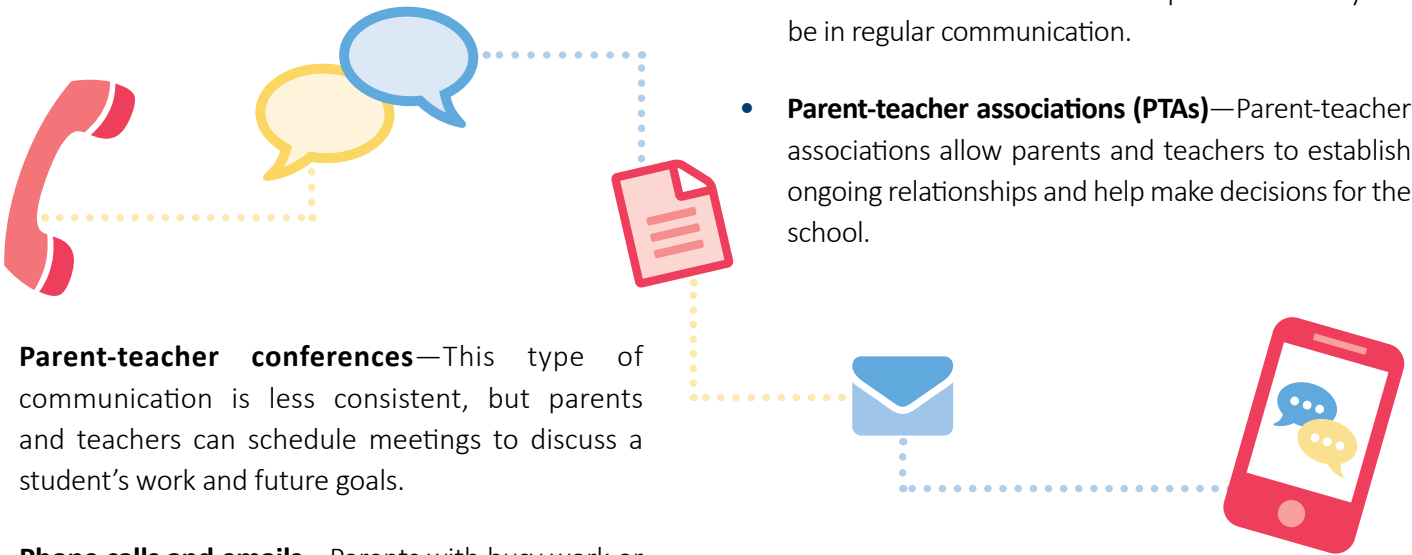


Successful Parent-Teacher Communication

Adapted from Parent-Teacher Communication: Strategies for Effective Parent Inclusion & Engagement | American University—soeonline.american.edu/blog/parent-teacher-communication

Communication is key to a successful inclusion classroom. Parents, general education teachers, and special educators can try the following tactics for successful parent-teacher communication:

- Regular in-person communication**—This type of communication works great for parents who typically drop off and pick up their children from school.
- Open houses**—Most schools host annual open houses where parents can visit their children's classrooms. This allows teachers to meet parents for the first time or meet a second parent who may not be in regular communication.
- Parent-teacher associations (PTAs)**—Parent-teacher associations allow parents and teachers to establish ongoing relationships and help make decisions for the school.
- Parent-teacher conferences**—This type of communication is less consistent, but parents and teachers can schedule meetings to discuss a student's work and future goals.
- Phone calls and emails**—Parents with busy work or personal schedules may not have the opportunity to go to the school or schedule conferences. These parents may be easier to reach via phone or email. Phone calls and emails can also be used by teachers to regularly communicate with parents between conferences.
- Text messages**—Some teachers use mass text messages or special messaging apps to communicate with parents. Several text services, such as Remind, cater specifically to teachers.
- Homework handouts and newsletters**—Teachers can create handouts containing information about homework and other tasks for students to take home. Teachers can also write weekly or monthly newsletters to update parents on what is going on in the classroom and how they can participate.
- Class websites**—Teachers can create classroom websites to post announcements, homework, and reminders to help ensure they don't get lost in communication between the classroom and home. Similar methods of communication include social media sites or learning management platforms such as ClassDojo.





Resources

- Allergy and Asthma Network—Provides outreach, education, advocacy, and research for those who suffer from asthma, allergies, and related conditions. Provides printed and digital resources and offers monthly webinars with national experts.

🔗 allergyasthmanetwork.org
☎ 800.878.4403
- American Heart Association (AHA)—This site provides answers to commonly asked questions about children and heart disease. AHA invests in research, making it the largest nonprofit funding source for cardiovascular and cerebrovascular disease research.

🔗 heart.org/en/health-topics/congenital-heart-defects/congenital-heart-defects-tools-and-resources/commonly-asked-questions-about-children-and-heart-disease
- American Diabetes Association—A professional network of volunteers, families, caregivers, professionals, and staff members working to prevent and cure diabetes and to improve the lives of all people affected by diabetes. Provides information and support to individuals and families.

🔗 diabetes.org
☎ 800.342.2382
- American Sickle Cell Anemia Association—Provides quality, comprehensive services through diagnostic testing, evaluation, counseling, and supportive services to individuals and families at risk for sickle cell disease.

🔗 ascaa.org
- Center for Disease Control and Prevention-Childhood Lead Poisoning Prevention—Dedicated to eliminating childhood lead poisoning as a public health problem through strengthening blood lead testing, reporting, and surveillance, linking exposed children to recommended services and targeted population-based interventions.

🔗 cdc.gov/nceh/lead
- Children and Adults with Attention Deficit Hyperactivity Disorder (CHADD)-for Parents and Caregivers—Serves as a clearinghouse for evidence-based information on attention deficit hyperactivity disorder (ADHD). Provides an overview guide of ADHD and information for parents and caregivers of children with ADHD.

🔗 chadd.org/for-parents/overview
- Epilepsy Foundation of America—A nationwide organization that provides community services, public education, federal and local advocacy, seizure first aid training, and research funding into new treatments and therapies.

🔗 epilepsy.com
☎ 301.459.3700
- International Dyslexia Association—Provides information about dyslexia, including fact sheets, infographics, frequently asked questions, a provider directory, diagnosis, treatment, etc.

🔗 dyslexiaida.org/dyslexia-at-a-glance
- Leukemia and Lymphoma Society (LLS)—LLS seeks to cure leukemia, lymphoma, Hodgkin's disease, and myeloma and improve the quality of life of patients and their families. LLS provides free information and support services relating to diagnosis, treatment, management, facts, and statistics.

🔗 lls.org/disease-information
☎ 800.955.4572
- Mayo Clinic-Rheumatic Fever—Disseminates information about the symptoms, causes, risk factors, and other information related to rheumatic fever

🔗 mayoclinic.org/diseases-conditions/rheumatic-fever/symptoms-causes/syc-20354588
- National Heart, Lung and Blood Institute-Bleeding Disorders—Provides information about different types of bleeding disorders, including their causes, risk factors, screening and prevention, signs, diagnosis, treatment, and how to live with them.

🔗 nhlbi.nih.gov/health-topics/bleeding-disorders
- National Institute of Diabetes and Digestives and Kidney Diseases—Disseminates information about the symptoms, causes, risk factors, and other information related to kidney disease.

🔗 niddk.nih.gov/health-information/kidney-disease

- The Mississippi Department of Education (MDE) Office of Special Education—A service-oriented office that seeks to improve the education experience for children with disabilities
mdek12.org/OSE
- National Hemophilia Foundations—Dedicated to finding cures for inheritable blood disorders and to addressing and preventing the complications of these disorders through research, education, and advocacy enabling people and families to thrive. Provides information about various bleeding disorders, advocacy, research, and community resources.
hemophilia.org
- National Institute of Mental Health (NIMH)-Hyperactivity Disorder—The largest scientific organization in the world, NIMH is dedicated to research focused on the understanding, treatment, and prevention of mental disorders and the promotion of mental health
nimh.nih.gov/health/topics/attention-deficit-hyperactivity-disorder-adhd/
- Sickle Cell Disease Association of America (SCDAA)—SCDAA promotes research and supports initiatives to increase community participation in clinical research to expand the knowledge of the pathophysiology of sickle cell disease. It promotes public awareness and education through print and digital publications and supports and facilitates partnerships between comprehensive sickle cell centers (and other medical centers) and SCDAA member organizations which provide genetic testing and counseling, case management, and psychosocial support for individuals and families impacted by sickle cell disease. SCDAA's member organizations also provide insurance counseling, pharmacy assistance, financial aid, coping skills development, and other supportive services and referrals.
www.sicklecelldisease.org/sickle-cell-health-and-disease/types/
- Talk About It!—A website sponsored by Greenwich Biosciences dedicated to getting the word out about epilepsy. Videos of famous people, parents, and professionals discuss epilepsy facts and information and share experiences.
talkaboutit.org
- Tourette Association of America (TAA)—The only national organization serving the Tourette community, TAA works to raise awareness, advance research, and provide ongoing support to patients and families impacted by Tourette Syndrome and tic disorders. TAA directs a network of 31 chapters and 83 support groups and recognizes 18 centers of excellence across the country.
tourette.org/about-tourette/overview/
- U.S. Department of Education—Their mission is to promote student achievement and preparation for global competitiveness by fostering educational excellence and ensuring equal access.
ed.gov
- U.S. Department of Education-Office of Special Education and Rehabilitative Services—The mission of the Office of Special Education Programs is to lead the nation's efforts to improve outcomes for children with disabilities, birth through 21, and their families, ensuring access to fair, equitable, and high-quality education and services.
ed.gov/about/offices/list/osers
- ZeroToThree.org—Founded in 1977 by leading researchers and clinicians focused on child development, this organization seeks to ensure that all babies and toddlers benefit from the early connections that are critical to their well-being and development. Their website provides information on early development and well-being, early learning, parenting, and policy and advocacy.
zerotothree.org/resources/series/parent-favorites
 ☎ 202. 638.1144

MDE-specific resources include:

- General resources for parents:
mdek12.org/OSE/Information-for-Families/Resources
- Parent Engagement and Support
mdek12.org/OSE/Information-for-Families
 ☎ 601.359.3498
- Procedural Safeguards: Your Family's Special Education Rights
mdek12.org/OSE/Dispute-Resolution

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