Chapter 15
Other Health Impaired

15.1 Overview

The category of Other Health Impaired (OHI) is unique to IDEA. It is neither in the DSM nor in any other classification taxonomy. OHI encompasses both medical and mental health conditions that are not included under the other IDEA categories. A multidisciplinary team must consider the definition of OHI, in combination with state policies, when making an eligibility decision. OHI is the third most prevalent special education classification comprising approximately 10.6 % of all special education classifications (Scull & Winkler, 2011). This feature makes it an important category for the psychologist in the school to understand.

15.2 Definition

The federal definition of OHI within IDEA is as follows:

> *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—
>
> (i) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and
> (ii) Adversely affects a child's educational performance. [§300.8(c)(9)]

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There are numerous disabilities and disorders that may fall under the umbrella of OHI. The federal guidelines expressly list the following but this should not be considered exhaustive:

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

15.3 Identification

The above disabilities are markedly different from one another, making it difficult to furnish a sense of the category other than to state that it is broadly encompassing. The decision to classify a child under OHI should be predicated upon the following two factors experienced by the child:

1. Whether the child experiences limited strength, vitality, or alertness due to chronic health problems.
2. Whether the child's educational performance is negatively affected as a result.

Moreover, there may be additional disabilities and conditions that are not listed within federal guidelines but that may meet criteria for special education classification under this category. The US Department of Education, for instance, mentions the following:

- Fetal alcohol syndrome (FAS)
- Bipolar disorders
- Dysphagia (i.e., difficulty swallowing)
- Other organic neurological disorders

It is important to keep in mind that the existence of one of the above presented conditions does not automatically qualify a child for special education support under OHI. When making a classification decision, an eligibility team must look at other factors (adverse educational impact, state policies, evaluation results) and not just the presence or absence of the condition even if the classification is offered by an outside physician or agency.

15.4 General Guidance Regarding Psychoeducational Assessment of OHI

The assessment of children for classification under OHI is unique to US public school systems. Because it is one of the most prevalent classification categories it should receive increased attention in the literature. Unfortunately, limited guidance is available regarding assessment other than a few legal-based research articles that discuss definitional and legal aspects. When considering eligibility for OHI the psychologist must gather relevant documentation, some of which may require outside professional and medical opinions. One of the more common conditions for which children receive an OHI classification is ADHD.

15.4.1 Attention-Deficit/Hyperactivity Disorder (ADHD)

Children with a definitive DSM classification of ADHD from an outside practitioner or who have attentional issues or impulse control issues within the school, even when lacking an outside diagnosis, may be found eligible for support under OHI if the child suffers from an adverse educational impact. ADHD is a common condition for which students qualify for special education services under OHI. Grice (2002) presents a series of case studies from across the country that established precedent for special education support under this category. In Pennsylvania, for example, a student was found eligible under OHI because his symptoms of ADHD adversely impacted his educational performance. Grice (2002) noted that a similar finding was established in New Hampshire when a hearing officer concluded that a student was unable to control his motor activity, remain seated, persist on tasks, and control generalized disruptive behavior.

The Office of Special Education Programs in the US Department of Education (OSEP) has issued several opinion letters discussing how a child might receive special education support for ADHD under OHI. First, OSEP has asserted that a medical or psychological professional's outside, clinical classification of ADHD does not automatically qualify the child for a classification of OHI. Grice (2002) explained that a school district may choose to require an outside medical or clinical diagnosis, yet the multidisciplinary team must independently determine whether the condition is impairing educational performance. If the school district requires an outside professional's evaluation to be found eligible, then the school district is responsible for paying for that professional to evaluate the child. Ultimately, whether a student qualifies for special education under OHI hinges on the impairment criterion (i.e., adverse educational impact). As an example, consider a student diagnosed with ADHD by his pediatrician or a private practice licensed psychologist. This student has average grades and scores in the average to above average range on all standardized tests but has experienced social problems. The child's social difficulties support the DSM-5

classification of ADHD, but the lack of educational impairment suggests that the child is not eligible for a special education classification of OHI. (This child may qualify, however, for a Section 504 plan, which is discussed in Chap. 16, if the child's social skills deficits impinge upon access to extracurricular activities). Grice (2002) notes that eligibility for special education under OHI is predicated upon an adverse impact upon grades and achievement test scores over time.

Although a child with an outside diagnosis of ADHD may not automatically qualify, a child without an outside diagnosis may qualify for OHI should the child manifest symptoms of inattention, hyperactivity, and impulsivity that adversely impact the child's academic progress (i.e., grades and achievement over time). Because ADHD is one of the most frequent classifications for which students are found eligible under OHI and because IDEA is silent on a framework for classification, the ADHD diagnostic criteria from the DSM-5 may be referenced as a guide for considering whether the symptoms impinge upon academic progress.

Attention-Deficit/Hyperactivity Disorder

(A) A persistent pattern of inattention and/or hyperactivity–impulsivity that interferes with functioning or development, as characterized by (1) and/or (2):

1. *Inattention*: Six (or more) of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:

   Note: The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or failure to understand tasks or instructions. For older adolescents and adults (age 17 and older), at least five symptoms are required

   (a) Often fails to give close attention to details or makes careless mistakes in schoolwork, at work, or during other activities (e.g., overlooks or misses details, work is inaccurate).
   (b) Often has difficulty sustaining attention in tasks or play activities (e.g., has difficulty remaining focused during lectures, conversations, or lengthy reading).
   (c) Often does not seem to listen when spoken to directly (e.g., mind seems elsewhere, even in the absence of obvious distraction).
   (d) Often does not follow through on instructions and fails to finish schoolwork, chores, or duties in the workplace (e.g., starts tasks but quickly loses focus and is easily sidetracked).
   (e) Often has difficulty organizing tasks and activities (e.g., difficulty managing sequential tasks; difficulty keeping materials and belongings in order; messy, disorganized work; has poor time management; fails to meet deadlines).

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(f) Often avoids, dislikes, or is reluctant to engage in tasks that require sustained mental effort (e.g., schoolwork or homework; for older adolescents and adults, preparing reports, completing forms, reviewing lengthy papers).
(g) Often loses things necessary for tasks or activities (e.g., school materials, pencils, books, tools, wallets, keys, paperwork, eyeglasses, mobile telephones).
(h) Is often easily distracted by extraneous stimuli (for older adolescents and adults, may include unrelated thoughts).
(i) Is often forgetful in daily activities (e.g., doing chores, running errands; for older adolescents and adults, returning calls, paying bills, keeping appointments).

2. *Hyperactivity and impulsivity*: six or more of the following symptoms have persisted for at least 6 months to a degree that is inconsistent with developmental level and that negatively impacts directly on social and academic/occupational activities:

   Note: The symptoms are not solely a manifestation of oppositional behavior, defiance, hostility, or a failure to understand tasks or instructions. For older adolescents and adults (age 17 and older), at least five symptoms are required.

   (a) Often fidgets with or taps hands or feet or squirms in seat.
   (b) Often leaves seat in situations when remaining seated is expected (e.g., leaves his or her place in the classroom, in the office or other workplace, or in other situations that require remaining in place).
   (c) Often runs about or climbs in situations where it is inappropriate. (*Note*: In adolescents or adults, may be limited to feeling restless).
   (d) Often unable to play or engage in leisure activities quietly.
   (e) Is often "on the go," acting as if "driven by a motor" (e.g., is unable to be or uncomfortable being still for extended time, as in restaurants, meetings; may be experience by others as being restless or difficult to keep up with).
   (f) Often talks excessively.
   (g) Often blurts out an answer before a question has been completed (e.g., completes people's sentences; cannot wait turn in conversation).
   (h) Often has difficulty waiting his or her turn (e.g., while waiting in line).
   (i) Often interrupts or intrudes on others (e.g., butts into conversations, games, or activities; may start using other people's things without asking or receiving permission; for adolescents and adults, may intrude into or take over what others are doing).

(B) Several inattentive or hyperactive-impulsive symptoms were present prior to age 12 years.

(continued)

(continued)

(C) Several inattentive or hyperactive-impulsive symptoms are present in two or more settings (e.g., at home, school, or work; with friends or relatives; in other activities).
(D) There is clear evidence that the symptoms interfere with, or reduce the quality of, social, academic, or occupational functioning
(E) The symptoms do not occur exclusively during the course of schizophrenia or another psychotic disorder and are not better explained by other another mental disorder (e.g., mood disorder, anxiety disorder, dissociative disorder, personality disorder, substance intoxication or withdrawal).

Source: Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (Copyright 2013). American Psychiatric Association. Pages 59–60.

15.4.2 Other Health Conditions

The admonition regarding outside diagnosis in ADHD also applies to other conditions that might make the child eligible for special education support under OHI. In other words an outside medical or clinical diagnosis is by itself insufficient to qualify a child for an OHI classification. As an example, a child with an outside classification of asthma may be found eligible if his condition limits alertness, vitality, and strength and adversely impacts educational performance. But if the condition does not adversely impact educational performance then the child will not be found eligible for special education support. On the other hand, if a child suffers from diabetes, and the child misses school frequently because of the requirements for medical care or generalized fatigue (i.e., lack of vitality and alertness), then the child could be found eligible. It turns out that any chronic or acute health condition, whether or not noted above, can meet the OHI eligibility criteria if the condition results in limited alertness to the educational environment that adversely impacts educational performance.

When a child is found eligible for special education he or she may be eligible for related services in school. Related services are provided to ensure that the child with a disability under OHI is able to benefit from special education. Two commonly offered related services include medical services and school health/school nurse services (Grice, 2002). Medical services are provided when a child is suspected of having a medically related disability that may result in a child's need for special education. Health services may be found necessary to enable a child with a disability to receive a free and appropriate education as discussed in his individualized education plan. These services are often provided by a school nurse but may be provided by any qualified individual [34 CFR §300.34(c)(13)].

Each state and for that matter each local school district may have specific guidelines related to health impairments and corresponding services. Determined

by the IEP team and informed by appropriate medical and other evaluations, health related services to which a child might be found eligible include but are not limited to the following:

- Special feedings
- Administering and/or dispensing medications
- Providing training for all (i.e., teachers, teacher's aides) who serve as caregivers in the school for the child
- Management of a tracheostomy
- Injury prevention in the case of seizure or narcolepsy

15.5 Conclusion

Determining the scope of services under OHI will have to be informed by appropriate medical and related personnel evaluations, but it is still the responsibility of the child's IEP team to decide upon needed related services. The school must then provide these services as part of the child's education program if it is determined that the condition limits the child's access to FAPE and adversely impacts the child's educational progress.

Appendix: Sample Report 1—Qualify Without Outside Diagnosis of ADHD

Psychological Report
Confidential

Name: Tina White
Date of Report: October 18, 2016
Date of Birth: 8/3/2009
Chronological Age: 7 years 2 months
Grade: 2
School: Smith Public School
Name of Examiner: Stefan C. Dombrowski, Ph.D.

Parent Name and Address: Daisy Golden White and Tommie White
Philadelphia, PA

Phone: 567-585-1234

Reason for Referral
Tina struggles with social and behavioral issues at school. was referred for a comprehensive evaluation to determine her present level of functioning and whether she might qualify for specially designed instruction.

Assessment Methods
Reynolds Intellectual Assessment Scale (*RIAS*)
Woodcock–Johnson Tests of Achievement, Fourth Edition (*WJ-IV*)
Bender Visual Motor Gestalt, Second Edition (*Bender-2*)
Behavior Assessment System for Children, Second Edition (*BASC-2*)

– Ms. Carol Jones (First Grade Teacher)
– *ADHD Rating Scale IV*
– Ms. Carol Jones (First Grade Teacher)
Teacher Interview
– Ms. Carol Jones (First Grade Teacher)
Parent Interview
– Ms. Daisy White (Mother)
Student Interview
– Tina White
Classroom Observations (5/16/16; 5/24/16)
Review of Academic Grade Reports
Review of School Records

Background Information
Tina White is a 7-year-old child in the first grade at the Smith Public School (SPS). Tina received early intervention services but was exited from them during her last year in preschool. Ms. White expressed concern that Tina might still be suffering from the adverse effects of extreme prematurity. Background reports indicate that Tina struggles with attention, distractibility, impulsivity, and loss of focus. She also struggles with conflict resolution and sometimes disregards teacher and classroom rules. Tina's academic performance is considered low in reading comprehension and written expression. Her progress in other core academic areas is reported to be grade appropriate. Teacher reports also indicate concern about Tina's behavioral and social progress.

Prenatal, Perinatal, and Early Developmental History: Tina was born with very low birth weight (1 lb., 6 oz) due to extreme prematurity (26 weeks gestation). She had a 3-month stay in the neonatal intensive care unit. Tina's language was delayed compared to that of her siblings. Ms. Jones noted that Tina faced delays in learning to walk and did not walk until 14 months. All other developmental milestones were attained within normal limits.

Medical: Tina suffered from many ear infections as a child and required ear tubes. Tina wears glasses. Her hearing is within normal limits. She is not currently taking any medications. She is presently under the care of an endocrinologist out of concern that she might be entering puberty early.

Cognitive, Academic, and Language Functioning: Tina struggles with academic subjects that require sustained attention. When given independent work, Tina will start the assignment without reading instructions. This leads to incorrect work and performance below what she is capable of completing when the assignments are structured. Tina is able to fluently decode words and understands basic mathematics facts. However, she struggles with more complex academic activities such as written expression and reading comprehension. When Tina focuses, she is better able to accurately complete classwork. Ms. Jones reports that Tina struggles with homework and is easily frustrated by homework.

Social-Emotional and Behavioral Functioning: Ms. Jones indicates that she is concerned with Tina's social and behavioral functioning. Tina frequently misperceives other children's social cues. She was reported to have pushed a classmate who accidentally bumped into her desk. Tina insisted that the classmate did it on purpose. Tina can be impulsive and likes to be the center of attention in class. Ms. White reports that this is also an issue at home. She is constantly getting into arguments with her siblings over their shared attention with Ms. White.

Strengths: Tina's strengths include potential leadership ability and an interest in doing well. When given the leadership role, Tina rises to the occasion and performs her duties appropriately.

Summary: Tina struggles with academic subjects that require sustained attention. This includes reading comprehension and written expression. Tina also experiences conflict with peers when she misinterprets social cues.

Cognitive and Academic Functioning

Reynolds Intellectual Assessment Scale (RIAS)

Tina was administered the Reynolds Intellectual Assessment Scales (RIAS). The RIAS is an individually administered measure of intellectual functioning normed for individuals between the ages of 3 and 94 years. The RIAS contains several individual tests of intellectual problem solving and reasoning ability that are combined to form a Verbal Intelligence Index (VIX) and a Nonverbal Intelligence Index (NIX). The subtests that compose the VIX assess verbal reasoning ability along with the ability to access and apply prior learning in solving language-related tasks. Although labeled the Verbal Intelligence Index, the VIX is also a reasonable approximation of crystallized intelligence. The NIX comprises subtests that assess nonverbal reasoning and spatial ability. Although labeled the Nonverbal Intelligence Index, the NIX also provides a reasonable approximation of fluid intelligence and spatial ability. These two indexes of intellectual functioning are then combined to form an overall Composite Intelligence Index (CIX). By combining the VIX and the NIX into the CIX, a strong, reliable assessment of general intelligence (g) is obtained. The CIX measures the two most important aspects of general intelligence according to recent theories and research findings: reasoning or fluid abilities and verbal or crystallized abilities.

The RIAS also contains subtests designed to assess verbal memory and nonverbal memory. Depending upon the age of the individual being evaluated, the verbal memory subtest consists of a series of sentences, age-appropriate stories, or both, read aloud to the examinee. The examinee is then asked to recall these sentences or stories as precisely as possible. The nonverbal memory subtest consists of the presentation of pictures of various objects or abstract designs for a period of 5 s. The examinee is then shown a page containing six similar objects or figures and must discern which object or figure has previously been shown. The scores from the verbal memory and nonverbal memory subtests are combined to form a Composite Memory Index (CMX), which provides a strong, reliable assessment of working memory and may also provide indications as to whether or not a more detailed assessment of memory functions may be required. In addition, the high reliability of the verbal and nonverbal memory subtests allows them to be compared directly to each other.

Each of these indexes is expressed as an age-corrected standard score that is scaled to a mean of 100 and a standard deviation of 15. These scores are normally distributed and can be converted to a variety of other metrics if desired.

Following are the results of Tina's performance on the RIAS.

	Composite IQ	Verbal IQ	Nonverbal IQ	Memory index
RIAS index	104	109	98	93
Percentile	61	73	45	32
Confidence interval (95 %)	98–109	102–115	92–103	87–100

On testing with the RIAS, Tina attained a Composite Intelligence Index of 104. On the RIAS, this level of performance falls within the range of scores designated as average and exceeded the performance of 61 % of individuals at Tina's age. Her Verbal IQ (Standard Score = 109; 73rd percentile) was in the average range and exceeded 73 of individuals Tina's age. Tina's Nonverbal IQ (Standard Score = 98; 45th percentile) was in the average range, exceeding 45 % of individuals Tina's age. Tina earned a Composite Memory Index (CMX) of 93, which falls within the average range of working memory skills and exceeds the performance of 32 out of 100 individuals Tina's age.

Woodcock–Johnson Tests of Achievement-IV (WJ-IV)

The WJ-IV is an achievement test used to measure basic reading, writing, and mathematics skills. The Reading composite includes letter and word identification, vocabulary, and comprehension skills. The Writing composite includes spelling, writing fluency, and simple sentence writing. The Mathematics composite includes calculation, practical problems, and knowledge of mathematical concepts and vocabulary.

Tina obtained the following scores in each of the areas of measurement:

	Standard score	Percentile	Descriptive classification
Broad reading	81	11	Low average
Letter-word ID	92	38	Average
Sentence reading fluency	92	38	Average
Passage comprehension	78	7	Below Average
Broad writing	86	20	Low average
Writing samples	77	6	Below average
Sentence writing fluency	81	9	Low average
Spelling	92	27	Average
Broad mathematics	96	48	Average
Math facts fluency	98	49	Average
Applied problems	94	45	Average
Calculation	92	29	Average

Standardized achievement test results revealed low average performance across broad reading and writing clusters. Tina scored in the average range on the broad mathematics clusters. Tina scored in the below average range on the passage comprehension and writing samples subtests.

Bender Visual-Motor Gestalt Test, Second Edition (Bender-II)

The Bender-II measures visual-motor integration skills, or the ability to see and copy figures accurately. A quantitative and qualitative analysis of Tina's drawings suggests that her visual-motor integration abilities (e.g., fine motor skills for paper and pencil tasks) are below average (Copy Standard Score = 75; 7th percentile). However, Tina also quickly completed the drawings and was less concerned about her performance on this test.

Social-Emotional and Behavioral Functioning

Behavior Assessment System for Children, Second Edition (BASC-2)

The Behavior Assessment System for Children, Second Edition (BASC-2) is an integrated system designed to facilitate the differential diagnosis and classification of a variety of emotional and behavioral conditions in children. It possesses validity scales and several clinical scales, which reflect different dimensions of a child's personality. *T*-scores between 40 and 60 are considered average. Scores greater than 70 ($T > 70$) are in the Clinically Significant range and suggest a high level of difficulty. Scores in the At-Risk range (*T*-Score 65–69) identify either a significant problem that may not be severe enough to require formal treatment or a potential of

developing a problem that needs careful monitoring. On the Adaptive Scales, scores below 30 are considered clinically significant while scores between 31 and 35 are considered at-risk.

	Ms. Jones	
Clinical scales	*T*-score	Percentile
Hyperactivity	67*	93
Aggression	74**	98
Conduct problems	71**	97
Anxiety	50	50
Depression	62	88
Somatization	69*	94
Attention problems	62	88
Learning problems	42	23
Atypicality	66*	93
Withdrawal	66*	93
Adaptability	30*	3
Social skills	40	15
Leadership	43	23
Study skills	40	15
Functional communication	49	49
Externalizing problems	72**	98
Internalizing problems	63	89
Behavioral symptoms index	70**	98
Adaptive skills	39*	15
School problems	52	53

*At-risk
**Clinically significant

BASC-2 ratings suggest a clinically significant rating on the overall behavior symptoms index and on the externalizing problems composite. She was rated as at-risk on the adaptive skills composite. Tina was also rated as clinically significant on the aggression and conduct problems scales. She was in the at-risk range on the hyperactivity, somatization, withdrawal, atypicality, and adaptability scales.

ADHD Rating Scale IV

The ADHD Rating Scale IV is a rating scale consisting of ADHD symptoms based on the DSM V diagnostic criteria. In general, scores between the 85th and 93rd percentile are considered above average or "at-risk" for symptom cluster compared to the normative sample. Scores above the 93rd percentile are generally considered clinically significant. Tina received the following scores:

Scale	Teacher percentile	Parent percentile
Hyperactivity/impulsivity	95th (clinically significant)	95th (clinically significant)
Inattention	94th (Clinically significant)	95th (clinically significant)
Combined	97th (Clinically significant)	97th (clinically significant)

Interview Results

Parent Interview (*May 16, 2016*): Ms. Sharon White was interviewed regarding her impressions of Tina's progress at school. Ms. White explained that Tina is experiencing behavioral issues at school explaining that Tina is "very touchy and tactile" with other children. Ms. White continued, "over the past few weeks, things have gone downhill. I'm getting frequent phone calls." Ms. White indicated that Tina needs constant redirection. She noted that Tina is "very impulsive and does much before thinking." Ms. White explained that this is having an effect on her schoolwork because Tina is being sent out every day and is beginning to dislike school as a result. Ms. White explained that Tina also has a low frustration tolerance and is very easy to agitate. Ms. White noted that Tina was born at 26 weeks weighing 1 lb, 6 oz. Tina had a 3 month stay in the NICU at the Hospital of the University of Pennsylvania. She received early intervention and the gap narrowed. Ms. White explained that in kindergarten, there were no academic issues present, but Tina struggled with social issues and relating to other children. Ms. White stated that Tina's kindergarten report card indicated a wide range of grades. Ms. White stated that she wants to know whether Tina is struggling in any area before it becomes a bigger problem. Ms. White commented on one other medical issue that Tina is facing and noted that this issue is related to her prematurity. Ms. White explained that Tina is under the care of an endocrinologist because she may be entering puberty early. Ms. White noted that Tina's strengths include being a leader and taking pride in doing jobs assigned to her.

Student Interview (*May 24, 2016*): Tina was interviewed to ascertain impressions of her progress at SPS. Tina indicated that she does not like SPS, noting that "the people at the school are mean." Tina stated that she "hates Mr. Jeff. My grandma came down and cursed him out." Tina was unclear in her description of the incident. Tina was asked about her friendships at school. She stated that she "does not have friends; well, maybe one friend." Tina explained that she prefers to play by herself at home. Tina was next asked about her behavior at school. Tina indicated that she sometimes gets into trouble for no apparent reason. Tina stated that she should not get into trouble at school because she "has not harmed anyone." Tina explained that her strengths/interests include playing card games.

Teacher Interview (*May 16, 2016*): Ms. Carol Jones, Tina's first grade teacher, was interviewed regarding Tina's academic, behavioral, emotional, and social functioning. Ms. Jones noted that Tina is progressing toward the bottom quarter of the class. She notes that Tina is capable of completing work, but is rarely able to focus. As a result, Tina's academic performance suffers. She explained that Tina is reading at a guided reading of J. Ms. Jones stated that Tina faces difficulties with her behavioral and social progress. She indicated that Tina struggles with social interaction. Ms. Jones stated that Tina tends to misperceive other children's intent and interprets ambiguous and even benign intent as hostile. In turn, Tina tends to overreact, which creates an escalation of the incident. Ms. Jones also explained that Tina pushes in line and prefers to be the center of attention in the classroom. When she does not get it, she sometimes will start pouting. Ms. Jones indicated that Tina tends to be impulsive and will often begin an assignment or answer a question before the directions were

offered. Ms. Jones explained that Tina believes she understands what she needs to do and will begin the assignment without fully listening to directions. Ms. Jones explained that Tina's needs include learning how to resolve conflicts and interact with other children in an appropriate way. Tina also needs to improve her listening skills and her tendency to act before thinking.

Observations

Classroom Observation (*May 16 and 24, 2016*): Tina was observed for 15 min in Ms. Jones's class on two occasions. During the first occasion, Tina was working on an in-class assignment at her desk. She was observed to be on task and following classroom rules. During the second observation, Tina was working in a small group facilitated by Ms. Jones. Ms. Jones was assisting another student on a worksheet. Tina interrupted Ms. Jones during her instruction with another student. Tina was told to wait a few minutes until she was finished with the other student. Tina waited and was furnished with guidance regarding one of the problems. Approximately 7 min into this observation, Tina was asked to report to the Discovery Room where she was tested for reading glasses. Impressions of the observation were that Tina was generally compliant with classroom rules, but was impulsive on one occasion when she sought Ms. Jones' help.

Observation During Assessment: Tina was attentive and compliant during the cognitive assessment. She appeared to enjoy the one on one attention with the examiner. During the achievement portion of the assessment, Tina became inattentive. Several times she asked the examiner if the assessment was almost done. The assessment results are considered a valid representation of Tina's abilities.

Conceptualization and Classification

Multiple data sources and methods of assessment inform the conceptualization of Tina's cognitive, academic, social-emotional, and behavioral functioning including whether she qualifies for special education support. Details in support of these findings are offered below.

Cognitive and Academic Functioning: Tina's present performance on measures of cognitive ability was in the average range (Composite IQ = 104; 61st percentile; VIQ = 109, 73rd percentile; NIQ = 98, 45th percentile). Tina's performance on the WJ-IV Achievement was low average and writing. Tina was average in mathematics. Her attentional difficulties appear to impact her performance on tasks that require sustained attention. For example, Tina scored in the average range on measures of word decoding, spelling and reading fluency, but in the below average range on measures of reading comprehension (passage comprehension) and written expression (writing samples).

Social-Emotional and Behavioral Functioning: Tina struggles with impulsivity, inattentiveness, disorganization, and following directions. She also struggles in her interaction with other children in the classroom. Tina tends to misperceive the intent

of others and considers even benign interaction as hostile. On occasion, Tina will disregard teacher and classroom rules, but this is related to not attending to the teacher's request. She will benefit from teacher guidance and support for her social and behavioral difficulties.

Summary: Tina struggles with reading comprehension and written expression as a result of her documented difficulties with inattentiveness, distractibility, and hyperactivity. Tina also experiences difficulty getting along with other children in the classroom.

Summary and Recommendations

Considering multiple data sources and methods of assessment, Tina will qualify for specially designed instruction under a classification of Other Health Impaired since her documented difficulties with Attention-Deficit/Hyperactivity Disorder are adversely impacting her progress in the classroom. The team concludes that specially designed instruction is called for in this case. The following recommendations might benefit her.

1. *Strategies for difficulties with Attention, Distractibility, Hyperactivity, and Loss of Focus*: Background reports indicate that Tina experiences difficulty with attention, impulsivity, distractibility, and loss of focus. As such, the following recommendations might be beneficial for her:

   (a) *Check In, Check Out, and Behavior Report Card*: Tina should have his behavioral expectations reviewed at the beginning of the school day. He should check in with an adult periodically throughout the day to determine whether his goals are being met. At the end of the day, Tina should check out with that same adult and receive a behavior report card that acknowledges his behavioral performance and is sent home to his caregivers.

   (b) *Provision of Directions by Teacher*: When Tina's teachers interact with him, he should be encouraged to repeat and explain instructions to ensure understanding. The provision of directions to Tina will be most effective when the teacher makes eye contact, avoids multiple commands, is clear and to the point, and permits repetition of directions when needed or asked for.

   (c) *Positive Reinforcement and Praise for Successful Task Completion*: Tina's teachers should provide positive reinforcement and immediate feedback for completion of desired behaviors or tasks. Initially, praise and reinforcement should be offered for successful effort on a task or behavior regardless of quality of performance.

   (d) *Time on Task*: Communicate to Tina how long he will need to engage in or pay attention on a particular task. Open ended expectations can be distressing to any child, let alone one with attentional difficulties.

(e) *Prepare Student Discreetly for Transitions*: Furnish Tina with verbal prompts and visual cues that a new activity or task is about to start. This should be accomplished discreetly so as to avoid student embarrassment.

(f) *Recess Time*: Tina should be permitted to participate in recess. Recess should not be a time to complete unfinished classwork or homework.

(g) *Extended Time, Teacher Check In's, Assignment Adjustment, and Frequent Breaks*: Tina should be permitted additional time to complete academic tasks and projects. Tina's teachers should also consider review of classwork as Tina progresses on an assignment or project to assist Tina in avoiding careless mistakes. He may benefit from chunking assignments or assignment reduction. More frequent breaks than what is typical may also reduce careless mistakes and help to maintain focus.

2. *Social Problem Solving Skills*: Tina would benefit from support and guidance regarding conflict resolution with peers. She has a tendency to misperceive the intentions of others which can escalate into a conflict. Social problems solving skills may be taught to her by her teachers as a conflict occurs or within an individual or group counseling session by the school counselor.

3. *Reading Comprehension*: Tina struggles with the comprehension of written text and will benefit from pre-reading and organizational strategies that attempt to improve skills in this area. Following are a few suggestions that will likely benefit Tina:

   (a) Before reading, preview the text by looking at the title and illustrations.
   (b) Encourage the creation of a possible story from the illustrations.
   (c) Make predictions about the story based on story features prior to reading the story.
   (d) During reading, generate questions about the story that are directly related to the text and that require thinking beyond the text.
   (e) After reading, spend time reflecting upon the material and relating it to experiences and events the child has encountered.
   (f) After reading, have Tina engage in the reading material using text summarizing.

4. *Difficulties with Writing*: Tina struggles with expressing her ideas in written form. The following recommendations may be appropriate for her:

   (a) Assist Tina in generating ideas about a topic and then show her how to put the ideas in an outline.
   (b) Demonstrate for Tina outlining principles. Have her practice what you just demonstrated so that she can distinguish between main ideas and supporting ideas.

(c) Assist Tina in creating a paragraph and then show her that that paragraphs require an introduction, a middle, and a conclusion. Require that Tina generate her own paragraph and offer corrective feedback.
(d) Require Tina to proofread her written work and provide corrective feedback when appropriate.

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