

Best Practices in OHI Assessment

Federal Definition of OHI

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:

- 1) Is due to chronic or acute health problems such as asthma, ADHD, diabetes, epilepsy, or heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, and sickle cell anemia; and
- 2) Adversely affects a student's educational performance.

OHI Evaluation Criteria

1. Suffer from chronic or acute health condition
2. Health condition must cause limited concentration due to limited strength, vitality, or alertness or heightened alertness to educational environment
3. Child's educational performance must be adversely affected by the disability
4. Must create a need for special education services.

OHI Evaluation Criteria

How are Limited Strength, Limited Vitality, and Limited Alertness Defined?

- ▶ As is typically the case, IDEA does not provide definitions or clear guidelines.
- ▶ Only one of the three must apply in any individual case. There is no official definition of these terms, either at the federal or state level.

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Limited Strength

- ▶ Strength: bodily or muscular power; vigor; durability related to decreased capacity to perform school activities; tires easily, chronic absenteeism related to the health problem.
- ▶ For instance, can the student sit or stand as required by school activities? Is the student able to hold a pencil or use other classroom tools? Does the student fall asleep or require frequent rest breaks due to the health problem?

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Limited Vitality

- ▶ Vitality: physical and mental strength; capacity for endurance; energy; animation; activity.
- ▶ There is certainly overlap in the meanings of these three terms.
- ▶ A student might have the strength to sit up or hold a pen, for example, but might not have the energy to complete the task at hand.

Limited Alertness

- ▶ Alertness: attentiveness; awareness; keen; observant; watchful; on guard; ready.
- ▶ Is the student aware of his/her surroundings and the activities going on?
- ▶ Does he/she have the mental acuity to participate in the lesson or activity?
- ▶ For example, a student diagnosed with ADHD may have a limited ability to attend to specific academic tasks because the disorder causes him or her to be overly alert to the general environment
- ▶ Keep in mind there may be too much vitality or alertness, especially when the student ADHD.

Ed Code Criteria

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:

- A. 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
- B. Adversely affects a child's educational performance

Chronic or Acute Health Problem

- ▶ There is no specified length of time for the health problem to be present or to continue. (ADA 6 months)
- ▶ Students with chronic health problems may need intermittent services, especially if their illness is cyclical or may recur necessitating additional treatment.
- ▶ It is not important to determine whether the health problem is chronic or acute.
- ▶ **These terms are included to indicate the problem may be either, and it is not a distinction on which to spend discussion time in terms of eligibility.**
- ▶ If it can be determined whether the problem is chronic or acute, it may be helpful in programming decisions.

Chronic Health Problem

- ▶ Chronic: long term and either not curable or there are residual features resulting in limitations of daily living functions requiring special assistance or adaptations or the disease or disorder that develops slowly and persists for a long period of time, often the remainder of the life span
- ▶ May include degenerative or deteriorating conditions.

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Acute Health Problem

- ▶ Acute: begins abruptly and with marked intensity, then subsides or has a rapid onset, severe symptoms, and a short course

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- B. **Adversely affects a child's educational performance**

Adverse Effects on Educational Performance

- ▶ It is important to structure the IEP team discussion and discuss how the child's education is affected.
- ▶ This information will be critical if the student is found to be a child with a disability, and an IEP is going to be developed.

Academic & Behavioral indicators of “Adverse Effect”

- ▶ Behavioral progress, social skills, social-emotional development
- ▶ Work and study habits
- ▶ Heightened or diminished alertness resulting in impaired abilities (i.e. prioritizing environmental stimuli, maintaining focus, or sustaining effort or accuracy)

Academic & Behavioral indicators of “Adverse Effect”

- ▶ Limited physical strength resulting in decreased capacity to perform school activities
- ▶ Limited endurance resulting in decreased stamina and decreased ability to maintain performance
- ▶ Inability to attend school for more than a few hours a day due to limited strength and vitality

Academic & Behavioral indicators of “Adverse Effect”

- ▶ Excessive absenteeism linked to the health condition
- ▶ Specialized health care procedures that are necessary during the school day
- ▶ Medications with side effects that adversely affect learning and functioning in terms of comprehension, memory, attention, or fatigue

Academic & Behavioral indicators of “Adverse Effect”

- ▶ Impaired ability to manage and organize materials and complete classroom assignments
- ▶ Impaired ability to follow directions or initiate and complete a task
- ▶ Reduced efficiency in school work
- ▶ Functioning significantly lower than grade and/or ability level

OHI Exclusionary Factors Not qualified OHI if...

- ▶ Adverse effect is due to lack of instruction not related to health impairment, from environmental, cultural or economic disadvantage, **judged to be a result of absenteeism unrelated to health**, or primarily due to active substance abuse.
- ▶ Disability is more accurately described by another category.
- ▶ Condition is not permanent/chronic or expected to last for more than 60 calendar days.

Diagnosis???

Debate on Medical Diagnosis?

- ▶ Under federal regulations, a medical diagnosis is not necessary. A school system may choose to require one to help determine eligibility. If so, the diagnosis must be provided at no cost to parents.
- ▶ **CA does not require a diagnosis!!!**

CA ED Code

EDC § 56339

- ▶ A pupil whose educational performance is adversely affected by a suspected or diagnosed attention deficit disorder ... and demonstrates a need for special education & related services by meeting eligibility criteria specified in subdivision (f) or (i) of Section 3030 of Title 5 of the California Code of Regulations or Section 56337 and subdivision (j) of Section 3030 of Title 5 of the California Code of Regulations for the federal IDEA categories of OHI, ED, or SLD, is entitled to special education and related services.

Medical Conditions

Epilepsy

Sudden, brief changes in brain's electrical functioning, called epileptic seizures.

- ▶ Seizures may interfere with the child's ability to learn such as missing parts of what the teacher is saying.
- ▶ Possible associated hearing or perception problems caused by the brain changes.

Diabetes

The body does not produce (Type 1/Juvenile) or properly use insulin.

- ▶ Symptoms are frequent urination, excessive thirst and hunger, nervous, increased fatigue, irritability, and blurry vision.
- ▶ At school, attention and behavior may be affected by high and low blood sugar levels, student may require access to snacks and water, frequent use of restroom.

Nephritis

An inflammation of kidneys

- ▶ Either hereditary, due to birth complications, infections, or toxins.
- ▶ Symptoms are trouble with urinating, discolored urine, abnormal retention of fluids, fatigue, high blood pressure, swelling, fever, poor appetite, nausea, pain in side.

Hemophilia

Inherited disorder entailing deficiencies in blood clotting and can lead to spontaneous internal bleeding and bleeding following injuries or surgery. Can cause severe joint, neurological and organ system damage.

Sickle Cell Disease

Inherited red blood cell disorders. Symptoms in the first year of life. Swelling in the hands and feet, pain, and other serious problems.

Cerebral Palsy

Damage to the brain, usually occurring during birth, resulting in an inability to fully control motor function.

- ▶ Symptoms can include muscle spasms, tonal problems, involuntary movement, disturbance in gait and mobility, seizures, abnormal sensation and perception, impairment of sight, hearing or speech, or intellectual disability.

Tourette Syndrome (TS):

Inherited, neurological disorder causing involuntary movements (motor tics) AND uncontrollable vocalizations (vocal or phonic tics). Tics occur many times a day, nearly every day or off and on for more than 1 year, with never a tic-free period of more than 3 months in a row. Onset before 18 years (usually age 6-8).

- ▶ Previously viewed as a behavioral or conduct disorder and classified as ED.

Fetal Alcohol Syndrome

SB 1016

- ▶ On September 27, 2022, Governor Gavin Newsome signed SB 1016 into law, adding fetal alcohol spectrum disorders (FASD) to the definition of Other Health Impairment (OHI)

Fetal Alcohol Syndrome

- ▶ FASD is an umbrella term used to refer to individuals affected by prenatal exposure to alcohol, which includes those with Fetal Alcohol Syndrome (FAS), alcohol related neurodevelopmental disorder (ARND), and alcohol related birth defects (ARBD).
- ▶ SB1016 was added to OHI to support children with the medical Dx or suspected Dx of a FASD who were being misidentified under other eligibility categories or who were not qualified in the first place.

ADHD

ADHD

Most frequent under OHI. A neurobehavioral disorder characterized by pervasive inattention and/or hyperactivity-impulsivity, resulting in significant functional impairment.

Predominantly Inattentive Type

- ▶ Fails to give close attention to details/make careless mistakes
- ▶ Difficulty sustaining attention
- ▶ Does not seem to listen
- ▶ Lack of follow through
- ▶ Difficulty organizing tasks and activities
- ▶ Avoids/dislikes tasks requiring sustained mental effort
- ▶ Loses things
- ▶ Easily distracted
- ▶ Forgetful.

Hyperactivity/Impulsivity

- ▶ Fidgets with hands or feet
- ▶ Difficulty remaining seated
- ▶ Runs about/climbs excessively
- ▶ Difficulty playing quietly
- ▶ On the go. "Driven by a motor."
- ▶ Talks excessively
- ▶ Blurts out answers before questions are asked
- ▶ Difficulty awaiting turn
- ▶ Interrupts or intrudes on others.

Associated Features

- ▶ Vary according to age and development, but may include...
- ▶ Low frustration tolerance
- ▶ Temper outbursts
- ▶ Bossiness
- ▶ May appear “stubborn”
- ▶ Excessive and frequent insistence that request be met
- ▶ Changes in mood
- ▶ Demoralization
- ▶ Dysphoria
- ▶ Rejection by peers
- ▶ Poor self esteem

Associated Features

- ▶ Impaired academic achievement (especially among the predominantly inattentive type)
- ▶ Peer rejection (especially among the hyperactive/impulsive type)
- ▶ Poor achievement motivation
- ▶ Family discord
- ▶ Negative parent-child interactions

Age-Specific Features (Preschoolers)

- ▶ Difficult to diagnose.
- ▶ High levels of hyperactive/impulsive behavior do not indicate a problem or disorder if the behavior does not impair functioning.
- ▶ Those with ADHD will be extremely active and impulsive, will need constant supervision to avoid injury, and will be difficult to contain.
- ▶ It has been suggested that task persistence is a feature of preschool ADHD.
- ▶ While the preschooler without ADHD can stick with a task for at least 10 minutes, the preschooler with ADHD is ready to change activities every few minutes!

Age-Specific Features (Elementary)

- ▶ Symptoms most prominent.
- ▶ Activity may be high in play situations.
- ▶ Impulsive behaviors may occur especially in peer pressure situations
- ▶ Inattention often interferes with class work and academic functioning
- ▶ Impulsivity often result in
 - ▶ the breaking of social, familial, and school rules.
 - ▶ Independent seat work tasks can be especially challenging.
 - ▶ On-task behavior and task completion are poor.
 - ▶ Do not have good organizational habits.

Age-Specific Features (Late Childhood/Adolescence)

- ▶ Symptoms of excessive hyperactivity become less common, and may be replaced by an internal sense of restlessness.
- ▶ However, the increased work demands of these school years, combined with poor organizational habits, results in excessively poor task completion and very negative attitudes toward school.

Assessing ADHD

Components of Assessing ADHD

- ▶ The multidimensional nature of attention disorders suggest that interview and behavior rating scales may have limited utility in differential diagnosis of ADHD.
 - ▶ This is because children with ADHD have different intentional and inhibitory capacities, vary across cognitive dimensions, and may perform poorly on tasks because of co-morbid deficits.

Assessing ADHD

- ▶ A thorough evaluation of the neuropsychological, academic, and behavioral characteristics of children who have ADHD with or without co-morbid diagnoses ensure accurate diagnosis and successful management of all disorders.

Observations

- ▶ Descriptive Observation
- ▶ Direct Observation
 - ▶ ABC
 - ▶ Time Sampling

Descriptive Observations

- ▶ The recording of behavioral events in their natural settings as they occur.
- ▶ Where descriptions of behaviors require little if any inference beyond that which is observed and recorded.
- ▶ Often used as a first step in operationally defining a target behavior.

Descriptive Observation Limitations

- ▶ Interpretation is limited to a descriptive account of the types of behaviors, events, and their temporal order in time.
- ▶ Interpretation is limited to anecdotal and descriptive accounts
- ▶ Cannot be used for making high stakes decisions.
- ▶ It's easy to over-interpret or make inferences regarding student behavioral patterns from a limited and unstandardized sample of behavior. This can lead to bias.

Direct Observation

- ▶ Popular method of naturalistic observation involves the use of A-B-C (Antecedent, Behavior, Consequence).
- ▶ Provides more detailed and specific information.

Observational Procedures

Time-Sampling Interval Recording

- ▶ Select a time period for observation (shorter the interval, the more accurate)
- ▶ Divide the time period into an equal number of intervals (10 sec observe, 5 sec record)
- ▶ Determine if you are using partial or whole interval

Obs. Procedures Cont.

- ▶ Record (Y, X, +) if the behavior occurs or does not occur (O, N, -)
- ▶ Alternate between target and classmates of same gender
- ▶ Report number of occurrences, percent of occurrence, number of nonoccurrences, and percent of nonoccurrence for target and same sex group.

Observations

- ▶ Best practice would be a combination of a descriptive and direct observation
- ▶ What if I don't have time for both?
- ▶ Why should I make time for both?

This is your brain on ADHD

ADHD Neurological Components

- ▶ Examine the integrity of the frontal-subcortical systems involved in attention, inhibition, and executive control.
- ▶ A complete evaluation may be necessary to rule out auditory processing, language, visual perceptual, and other psychiatric disorders, such as ODD/CD, Depression, and Anxiety.

ADHD Neurological Components

- ▶ Given the poor agreement between parent and teacher ratings of ADHD behaviors and the limited utility of standardized rating scales in differential diagnosis of ADHD subtypes, a neuropsychological assessment of ADHD symptoms should be included in evaluations of all children with attention problems.

Assessing ADHD

- ▶ A growing body of research has focused on use of standardized tests that measure cognitive ability and executive functioning deficits associated with ADHD symptoms.
- ▶ Research now supports the efficacy of cognitive tests for discriminating between individuals with ADHD from those without the disorder.

Standardized Tests

- ▶ WJ-IV Tests of Cognitive Ability
- ▶ WISC-V
- ▶ CAS-2
- ▶ NEPSY-2

WJ-IV Clusters

- ▶ Short-Term Working Memory
- ▶ Cognitive Processing Speed
- ▶ Cognitive Efficiency

Short-Term Working Memory

- ▶ Verbal Attention
- ▶ Numbers Reversed
- ▶ *Object-Number Sequencing*

Cognitive Processing Speed

- ▶ Letter-Pattern Matching
- ▶ Pair Cancellation

Cognitive Efficiency

- ▶ *Verbal Attention*
- ▶ Letter Pattern Matching
- ▶ Numbers Reversed
- ▶ *Number-Pattern Matching*

Subtest Most Impacted

- ▶ Verbal Attention
- ▶ Numbers Reversed
- ▶ Pair Cancellation

WISC-V

- ▶ Processing Speed
 - ▶ Coding
 - ▶ Symbol Search
 - ▶ Cancellation
- ▶ Working Memory
 - ▶ Digit Span
 - ▶ Picture Span
 - ▶ Letter-Number Sequencing

CAS-2

- ▶ Planning
 - ▶ Planned Codes
 - ▶ Planned Connections
 - ▶ Planned Matching Numbers
- ▶ Attention
 - ▶ Expressive Attention
 - ▶ Number Detection
 - ▶ Receptive Attention

Planning

- ▶ Requires the subject to solve each item, create a plan of action, apply the plan, verify that an action taken conforms with the original goal, and modify the plan as needed.
- ▶ The subsets are relatively easy to perform but require the individual to make decisions about how to solve novel tasks.

Attention

- ▶ Requires the focus of cognitive activity of a particular stimulus and inhibition of response to competing stimuli.

NEPSY-II

- ▶ Auditory Attention/Response Set
- ▶ Inhibition
- ▶ Clocks
- ▶ Animal Sorting

Attention/Executive Function

Auditory Attention

- ▶ Selective auditory attention and the ability to sustain attention

Response Set

- ▶ Auditory attention and the ability to inhibit a previously learned stimulus in order to shift to a new set, while still controlling for selective attention to matching stimuli.

Attention/Executive Function

Inhibition

- ▶ Shift and maintenance of new visual set; inhibition

Clocks

- ▶ Planning and organization;

Animal Sorting

- ▶ Concept formation; ability to transfer concepts to action; shift

OHI vs. SLD

- ▶ Deficits in attention/executive functioning is a basic psychological processing
- ▶ If you have a deficit in attention and a discrepancy between IQ and achievement then qualify the student as SLD
- ▶ If you have deficits in processing because of executive functioning but no discrepancy between IQ and achievement then you can use OHI. You must demonstrate an impact on educational performance.

OHI and Mental Health

Specific Mental Health

- ▶ Bipolar Disorders
 - ▶ BP I & II
 - ▶ Cyclothymic Disorder
- ▶ Depressive Disorders
 - ▶ Major Depressive Disorder
 - ▶ Pervasive Depressive Disorder
- ▶ Anxiety Disorders
 - ▶ GAD
 - ▶ Social Anxiety
 - ▶ Selective Mutism
- ▶ Obsessive Disorders
- ▶ Trauma and Stress Related Disorders

Academic & Behavioral indicators of “Adverse Effect”

- ▶ Behavioral progress, social skills, social-emotional development
- ▶ Work and study habits
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CA Legal Definition of Social or Emotional Development

- ▶ The acquisition of capacities for human relationships, emotional expression, communication, and learning.
- ▶ Social or emotional development is based on the motivation to engage in positive interaction and to sustain personal relationships and precedes the development of effective coping skills, self-esteem and the ability to take advantage of opportunities for learning.

CA Legal Definition of Social or Emotional Development

- ▶ Differences in temperament, self-regulation, range and intensity of affect and modulating one's response to the environment are additional factors influencing social or emotional development.

ED vs. OHI

- ▶ Same process as ED assessment
- ▶ Apply OHI mindset
- ▶ If student has diagnosis, does diagnosis explain behavior impacting academic/social success?
- ▶ Is student medicated? If so, would the removal of meds significantly impact success?

Bipolar Disorders

Bipolar

- ▶ The biological nature of bipolar illness as a disorder of the brain like epilepsy or ADHD is manifestly clear from research published in leading medical journals.
- ▶ Both structural brain development and the functioning of neural networks are affected.

Bipolar

- ▶ The physical energy & alertness of a child with BD can fluctuate by season and cycles, which may last from days to months, and even just a few hours during the course of a day.
- ▶ Children with this disorder typically have a disturbed sleep/wake cycle that includes low arousal & difficulty awakening from sleep in the morning (much more so than a normal child of the same age), & may include increasing energy throughout the day with extreme hyperactivity in the late evening that prevents normal sleep.

Bipolar

- ▶ During mania, the child may move very quickly with heightened concentration and focus, during which time academic progress may occur in leaps and bounds. An outpouring of creativity may occur during mania in some children, with attention hyper-focused upon topics that engage the child's interest.

Bipolar

- ▶ When depressed, the child may move extremely slowly and experience fatigue, reduced concentration and alertness, during which time little or no academic progress may occur.
- ▶ Disturbances in endocrine functioning, which affect body weight, growth, puberty, and energy, are also common.

Bipolar

- ▶ Attention, shifting tasks, verbal learning, declarative memory and visuospatial memory are often found to be impaired on neuropsychological testing of bipolar students.
- ▶ Executive functioning difficulties are common in students with bipolar disorder, leading to poor organizational skills.

Bipolar

- ▶ Stress exacerbates these cognitive problems. Such deficits can lead to impulsivity, distractibility, and poor decision-making, just as they do in ADHD
- ▶ Behavioral symptoms that impair learning are often produced by the illness. Rages, negative peer relationships, and the inability to interpret social situations and react appropriately, are common.

Bipolar

- ▶ Some children experience powerful social anxiety that prevents them from attending.
- ▶ Impulsivity can lead to verbal outbursts that the child may not be able to control. Some children manage to contain their behavioral symptoms during school but are unable to do so at home.
- ▶ Since no two children are alike, behavioral symptoms vary widely both between students, and in each child, during different episodes of the illness.

Depressive Disorders

Depressive Disorders

- ▶ Major Depressive Disorder - No manic/hypomanic will be either recurrent or single episode
- ▶ Persistent Depressive Disorder- No high phases lasts much longer than MDD. Not usually severe enough to be called an episode of major depression.

Major Depressive Disorder

- ▶ A person who has one or more major depressive episode without manic or hypomanic symptoms, is said to have major depressive disorder.
- ▶ Common condition affecting approximately 7% of the population
- ▶ Affects women twice as often as males
- ▶ Typical onset is in the mid to late 20s but can occur at anytime time of life from childhood to old age.

Features of MDD

- ▶ Characterized by one or more major depressive episodes
- ▶ A major depressive episode entails:
 - ▶ A period of at least 2 weeks during which a person experiences depressed mood or loss of interest or pleasure in nearly all activities most of the day,
 - ▶ Nearly every day,
 - ▶ Accompanied by at least four additional symptoms of depression present nearly every day

Symptoms of MDD

- ▶ Significant weight loss (not related to dieting), or significant weight gain, or decrease/increase in appetite (leptin/grelin)
- ▶ Insomnia or hypersomnia
- ▶ Psychomotor agitation or retardation severe enough to be observable by others
- ▶ Fatigue or loss of energy
- ▶ Feelings of worthlessness, or excessive or inappropriate guilt

Symptoms of MDD Cont.

- ▶ Diminished ability to think or concentrate, or indecisiveness
- ▶ Recurrent thought of death, recurrent suicidal ideation without a specific plan, or a suicide attempt or a specific plan to commit suicide
- ▶ The symptoms must cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Persistent Depressive Disorder

- ▶ These individuals are chronically depressed.
- ▶ For years at a time they have many of the same symptoms found in major depression: low mood, fatigue, hopelessness, trouble concentrating, and problems with appetite and fatigue.
- ▶ No inappropriate guilt and thoughts of death or suicidal ideation.

PDD

- ▶ It can begin at any age however, late onset is uncommon
- ▶ Classic cases start quietly and so early in life that some individuals regard their habitual low mood as normal
- ▶ They often suffer quietly, they tend to put their energy into work or school and have little left over for the social aspects of their life.
- ▶ Because they don't appear severely disabled these individuals may go without treatment until their symptoms worsen into a major depressive episode.

PDD Onset

- ▶ Average age of onset for boys and girls is 11 yrs.
- ▶ Children's mood may present as more irritable rather than depressed
- ▶ It must last for at least 1 year for children/adolescents
- ▶ The DSM-V now emphasizes persistence of the symptoms rather than severity

Anxiety Disorders

Generalized Anxiety Disorder

- ▶ A chronic anxiety disorder, defined by excessive anxiety and worry more days than not over a period of 6 months.
- ▶ The individual finds it difficult to control the worry
- ▶ “A chain of thoughts and images, negatively affect-laden and relatively uncontrollable...”
- ▶ Physiological symptoms

Worries Reported by Kids and Teens

- ▶ The future
- ▶ Past behavior
- ▶ Competence in areas such as sports, academics, and peer relationships.
- ▶ Natural disasters
- ▶ Being physically attacked
- ▶ Being bullied

Which is it? OHI, SLD, ED??

Rule Outs SLD CA ED Code 56337

- The term "specific learning disability" includes conditions such as perceptual disabilities, brain injury, minimal brain dysfunction, dyslexia, and developmental aphasia.
- The term does not include a learning problem that is primarily the result of visual, hearing, or motor disabilities, of intellectual disabilities, of emotional disturbance, or of environmental, cultural, or economic disadvantage.

Rule Outs ED CA ED Code 56220

- Because of a serious emotional disturbance, a pupil exhibits one or more of the following characteristics over a long period of time and to a marked degree, which adversely affect educational performance:

Rule Outs ED

- (1) An inability to learn which cannot be explained by intellectual, sensory, or health factors.
- (2) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers.
- (3) Inappropriate types of behavior or feelings under normal circumstances exhibited in several situations.
- (4) A general pervasive mood of unhappiness or depression.
- (5) A tendency to develop physical symptoms or fears associated with personal or school problems.

Primary and Secondary???

Secondary

- ▶ Should not be there just in case they are no longer ED, OHI, etc.
- ▶ It shouldn't be well I know eventually he will be ED, so I'll start with OHI and then move it over in a year.
- ▶ It can be this student was initially X and I cannot currently rule it out so I will make it second tier until I know for sure.

Putting It All Together

1. Suffer from chronic or acute health condition that must be caused by limited strength, vitality, or alertness.
 1. Can use medical diagnosis
 2. Testing Results
 3. Observations
 4. Parent and Teacher report

Putting It All Together

2. Child's educational performance must be adversely affected by the disability
 1. Depressed Achievement scores
 2. Missing lecture
 3. Out of class
 4. Socially - difficulty maintaining positive relationships with staff and peers
 5. Behavioral indicators - organizing, completing tasks, maintaining focus, sustaining effort, efficiency