CHAPTER 14
PHYSICAL/HEALTH
IMPAIRMENT

These two impairments are both medically-based disabilities and are very similar with identical evaluation procedures. Therefore, they are being combined in this section.

DEFINITION

A. Physically Impaired

A child who has a severe orthopedic impairment which adversely affects educational performance is considered physically impaired. The term includes impairments caused by congenital anomaly, disease, and other causes.

Orthopedic impairment means an impairment which interferes with the normal functioning of the skeletal and neuromuscular system. The term includes, but is not limited to:
1. Impairments caused by congenital anomaly such as clubfoot or absence of a limb;
2. Impairments caused by disease such as poliomyelitis or bone tuberculosis or,
3. Impairments from other causes, such as cerebral palsy, amputation, fractures or burns which cause contractions and traumatic injuries.

A student with an orthopedic impairment would not necessarily be identified as a student who is physically impaired in need of special education services. Accessibility standards should already be in place for a student in a wheelchair attending the regular program. Each district should have a 504 coordinator who is responsible for compliance of accessibility standards.

B. Health Impaired

A child who has limited strength, vitality or alertness due to chronic or acute health problems, such as heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, or diabetes which adversely affect educational performance is considered health impaired.

It may be difficult for the M-Team to determine if a health impaired child should be eligible for special education. Educational performance could be adversely affected when the student’s academic progress becomes significantly developed or depressed due to an inability to participate fully in the regular educational program.

Pregnancy and broken limbs do not necessarily constitute the need for special education services. Complications during pregnancy such as toxemia, elevated blood pressure, or blurred vision must be certified by a medical specialist. After documentation is obtained from the doctor, the M-Team meets to determine the need for special education services on individual basis. The same is true for complications resulting from serious injuries.

CRITERIA FOR ELIGIBILITY

A child is health impaired who has chronic or acute health problems, which adversely affect educational performance.

A child is physically impaired who has a severe orthopedic impairment, which may adversely affect educational performance.

A child is physically impaired or health impaired when special services are required to enable participation in an appropriate educational program and the child cannot participate fully in his/her current educational placement.

EVALUATION PROCEDURES

Evaluation components shall include the following:

I. Appropriate medical evaluation obtained from a licensed physician;
II. Both social and physical adaptive behaviors which relate to the impairment;
III. School history and levels of educational performance.

There are 3 components of the evaluation. An appropriate medical evaluation, the first component, must be obtained. However, medical diagnosis alone is not sufficient to render a child eligible. The other two components must be addressed. There are times that the next two components could be abbreviated. For example, if a student is to be out of the regular educational program for no more than 3 months and the only evidenced problem is an inability to attend school, then the evaluation would be less involved. If problems are suspected with these students in the second or third component, additional assessment can be completed after the initiation of services.
I. Medical Evaluation

An appropriate medical evaluation should be obtained from a licensed physician. The following types of information should be requested.

1. Information about the impairment
   a. Diagnosis/Etiology
   b. Prognosis and Expected Duration
   c. Treatment Information
   d. Physical Limitations

2. Information that would help the student function within his educational environment

3. Identification of a medical and/or physical impairment

II. Social and Physical Adaptive Behaviors

Both social and physical adaptive behaviors, which relate to the impairment, should be assessed. A determination should be made as to whether social and/or physical adaptive behaviors which relate to the student’s medical problems are interfering with his/her educational performance. Assessment in the following areas, when appropriate, is suggested:

1. Social Adaptation - Interaction with others
2. Communication - Expressive and receptive
3. Positioning/Mobility
4. Self-Help or Independence

III. School history and levels of educational performance

The student’s levels of educational performance should be documented by either a review of the student’s educational records or an individual assessment. If the school history indicates that the student is having difficulty, then an assessment of the levels of academic performance should be conducted. The degree or types of disorder would be considered in deciding how extensive the review should be and the type of people to be involved.

DETERMINATION OF ELIGIBILITY

The M-Team must make a judgment on how the medical problem affects the student’s educational performance and how the problem may be remedied or circumvented with special services.

ASSESSMENT SPECIALISTS

Assessment Specialists – The following persons shall be involved in the assessment of physical impairments or health impairments.

A physician licensed by the Division of Health Related Boards, Department of Health and Environment.

At least one other person from another discipline as designated by the M-Team Chairperson.

An appropriately licensed physician must be the professional who provides the diagnosis of the child. Other professionals, such as school nurses or physical therapists, may interpret the initial medical evaluation at M-Team meetings.
CAMPBELL COUNTY BOARD OF EDUCATION
HOMEBOUND MEDICAL FORM

Student: _________________________________ Birthdate: _______________ School: _____________

Parent:____________________________Address:___________________________________

Home Phone:_______________________ Work Phone:_____________________

Please print doctor/psychiatrist name:_____________________________________________

Homebound services are meant to be a temporary placement during a medical crisis. Many modifications can be made to accommodate students’ medical and physical needs at school. Campbell County has nurses on staff that can help with medical needs at school. Students need to be in school whenever possible.

Diagnosis:

Prognosis:

Treatment:

Medication: Type: Dosage:

Any Physical Limitations:

Date for Reevaluation:

Please mark the most appropriate recommendation as to how this student can best function in an educational environment:

___ Adapted Materials/Equipment Explanation:

___ School Modifications

___ Modified Day

___ Home/Hospital Instruction – Expected Duration: 2 wks.____ 4 wks.____ 6 wks.____ 8 wks.____

Other:___________________________________________________________________________________

Date expected to return to school:_______________________________________________________________________

Check one:  

___ (1) This child is physically able to attend classes in regular school.

___ (2) This child is able to attend classes in regular school for an abbreviated day.

___ (3) This child is unable to attend classes in regular school, but is able to receive homebound/hospital instruction. If checked, please explain the risk to this child or other children if he/she returns to school at this time.___________________________________

CERTIFICATION

Enclosed is a description of what constitutes physical or health impairment according to Tennessee State Rules, Regulations and Minimum Standards.

This form will be reviewed by a school nurse or the State Department of Education

Homebound placement is temporary and must be reviewed every 6 weeks.

Signature of Physician/Psychiatrist________________________________________Date________________

RETURN TO: Campbell County Board of Education Phone: (423)566-1433
P.O. Box 455/522 Main Street
Jacksboro, TN 37757 Fax: (423)563-9804
Campbell County Board of Education
Release of Information Form

For the purpose of providing the most appropriate instruction and assistance in school, I do hereby give permission for a mutual exchange of psycho-educational evaluation, psychosocial evaluations, and medical evaluations concerning:

NAME OF STUDENT: __________________________

BIRTHDATE: __________________________

SCHOOL WHERE ENROLLED: __________________________

GRADE: __________________________

PARENT: __________________________

PHONE: Work: __________________________

ADDRESS: __________________________

Between the Campbell County Board of Education and the following:

(Hospital, Clinic, Physician, School)

(Address of above)

Doctor Phone Number: __________________________

Fax Number: __________________________

Release all information
Release the checked information

1. General identifying date (Name, Address, Birthdate, Grade Level, Completed, Grades, Class Standing, Attendance Record)
2. Standardized Achievement and Aptitude Test Scores
3. Personality and Interest Scores
4. Teacher Ratings
5. Record of Extra-Curricular Activities
6. Individualized Education Programs
7. Psychological Reports
8. Medical Reports
9. Psychiatric Reports
10. Other (specify)

Please return to:
Campbell County Board of Education
Special Education Department
P.O. Box 455/522 Main Street
Jacksboro, Tennessee 37757
Phone: (423)566-1433 Fax: (423)563-9804

Parent/Guardian’s Signature __________________________ Date __________________________