

# Meeting the Needs of Students with Physical Impairments



**A RESOURCE MANUAL FOR  
MINNESOTA EDUCATORS**

Updated 2018



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## **Meeting the Needs of Students with Physical Impairments**

A Resource Manual for Minnesota Educators (Updated 2018)

This Minnesota Low Incidence Projects publication has been written to assist individuals responsible for educating students with physical impairments. Funding for this manual is made possible with a grant from the Minnesota Department of Education. The source of the funds is federal award Special Education – Program to States, CFDA 84.027A. Permission is granted to duplicate this publication for nonprofit educational uses. To download the most recent updated version, visit [www.mnlowincidenceprojects.org](http://www.mnlowincidenceprojects.org)

### **Acknowledgements**

This resource manual for educators, initially created in 2002, has been updated multiple times over the years, most recently in 2018 by statewide low incidence specialists Deb Williamson and Kelly Bredeken. Many thanks to the dedicated educators and agency representatives who have contributed their time and expertise in first creating and updating this publication.

## Table of Contents

### **Part 1: Introduction: Physically Impaired Services in the Educational Setting**

Introduction, Historical Overview, Definition	pages 7-8
Student Characteristics	pages 8-9
Common Educational Needs and Adaptations/Variability	pages 9-10
Eligibility Criteria Overview	pages 11-15
Statewide P/HD Community of Practice and Resources	pages 11-15

### **Part 2: Minnesota State Criteria: Physically Impaired (PI)**

Minnesota Rule 3525.1337	pages 15-16
Considerations for Applying PI Criteria	pages 17-20

### **Part 3 Related Laws and Regulations**

Section 504, ADA, IDEA, FERPA	pages 21-23
Assistive Technology	pages 23-24

### **Part 4: Role of the Physical/Health Disabilities Teacher**

Role of the P/HD Teacher	pages 25-26
Serving Students Under Other Categories	page 26
Board of Teaching Rules	pages 26-31

### **Part 5: Referral and School Re-Entry**

Referral for a Special Education Evaluation	pages 32-33
School Re-Entry Overview	pages 32-33

---

## **Part 6: Special Education Evaluation and Eligibility**

Eligibility Determination, Linking Diagnosis	pages 35-37
Issues to Consider When Conducting Evaluation	pages 37-38
Adaptations to Evaluations	pages 39-40
Suggestions for Evaluating Reading Comprehension	pages 40-41
Informal Evaluation	pages 41-44
Evaluating Infants and Children Birth to Five	pages 44-45
Considerations for SMI Qualification (PI and DCD-S/P)	pages 45-50

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## **Part 7: Considerations for Service Delivery**

Overview and Definitions	pages 51-52
Evidence-Based Practices	page 52
Writing the IEP: Goals and Objectives/Accommodations	pages 53-55
Statewide Assessments	page 55

---

## **Part 8: Key Services and Supports in the Educational Setting**

Related Services	pages 55-57
DAPE Services	pages 57-58
School Health Services	pages 58-59
Paraprofessional Services	pages 59-60

---

## **Part 9: Key Services and Supports in the Community Setting**

CADI Waiver	pages 61-62
MN Health Care Programs	page 62
PCA Services	pages 62-63

---

## **Part 10: Serving the Transition-Aged Student**

Overview	page 64
Evaluation	pages 64-65
College Disability Services	pages 65-66
Supplemental Security Income	page 66
Vocational Rehabilitation Services	page 66
Drivers' Assessment and Training	page 67

---

## **Part 11: Student Safety**

Emergency Evacuation Procedures	pages 68-71
Transporting Students	pages 71-73

---

## **Part 12: Administrative Considerations: Supporting the P/HD Teacher**

Recruitment and Retention	page 74
P/HD Tuition Support Program	pages 74-75
Practicum Teacher/Cooperating Teacher Experience	page 75
Professional Mentorship	pages 75-76
Continuing Education	page 76
Workload Considerations	pages 76-78
Instructional/Office Space, Equipment and Supplies	page 78
Professional Supports and Resources	page 78-79

---

## **Part 13: Frequently Asked Questions**

Student Evaluation and Qualification	pages 79-85
Services	pages 85-94

---

## **Part 14: Summary: Regional and Statewide Resources for the P/HD Teacher**

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Programs and Services	pages 95-96
Statewide Physical/Health Disabilities Community of Practice	page 96
Statewide P/HD Mailing List	page 96
Educator Manuals	page 96

---

## **Part 15: Physically Impaired Information Sheets**

---

Arthrogryposis	page 97
Cerebral Palsy	
Cerebral Palsy- Cognitive Functioning	
Dystonia	
Muscular Dystrophy	
Osteogenesis Imperfecta	
Post-Polio Syndrome	
Spina Bifida	
Spinal Cord Injury	
Spinal Muscular Atrophy	

---

## **Part 16: Appendices (All forms are fillable PDF documents)**

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PI Criteria Checklist	
Organizational and Independent Work Skills/Motor Skills Checklists	
Protocol Form: Initial Evaluation Following Hospitalization	
Protocol Form: Students with Existing IEPs/ Following Hospitalization	
Emergency Evacuation Plan	
Emergency Medical Information Card	

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NOTE: Portions of this manual are excerpted from documents or other manuals published and/or revised by the Minnesota Low Incidence Projects:

- 1) Occupational and Physical Therapy in Educational Settings: A Manual for Minnesota Practitioners; Third Edition printing 2014.
- 2) Special Education Evaluation and Services for Students with Traumatic Brain Injury: A Manual for Minnesota Educators; Updated 2018.
- 3) Other Health Disabilities Manual; Updated 2018.

## **Part 1: Introduction: Physically Impaired Services in the Educational Setting**

### **Introduction**

The special education category, 'Physically Impaired' (PI) is considered a low incidence disability area. Children and youth with physical impairments typically comprise 1.5% of the total population of students with disabilities who receive special education services. A physical impairment may be present from birth or acquired later and may be progressive or non-progressive. There are a wide range of conditions that may result in a physical impairment. With improvements in medical technology and early diagnosis, survivability rates continue to increase and are resulting in earlier identification in the educational setting.

### **Historical Overview of PI Manual**

The first manual, 'Meeting the Needs of Students with Physical Impairments: A Resource Manual' was published by the Minnesota Department of Children, Families and Learning in 2002 and was designed for Minnesota educators serving students with physical impairments. This manual was revised in 2011 and updated in 2018 by the Minnesota Low Incidence Projects.

### **Defining Physical Impairment**

A physical disability is a medically diagnosed chronic physical impairment, either congenital or acquired, that may adversely affect physical or academic functioning and result in the need for special education and related services (Minnesota Rule 3525.1337, subp 1). There is a broad continuum of physical impairment and resulting implications for students. Some students may have a relatively mild disability with minimal effect on their access to and participation in school activities and related educational outcomes, while others may have a more severe disability and experience significant challenges. Each student is unique, and any condition may vary in severity.

Medical conditions commonly identified as physical impairments include cerebral palsy, spina bifida, spinal cord injury, muscular dystrophy, osteogenesis imperfecta, and arthrogryposis, to name a few. A physical impairment can affect development and learning in one or more of the following areas:

- ❖ Muscle tone, muscle strength, posture



- ❖ Fine and/or gross motor skills; mobility
- ❖ Communication skills
- ❖ Processing, memory, perception and attention skills
- ❖ Executive function (organization, planning, initiation of tasks, etc.)
- ❖ Psycho-social skills

A physical impairment may often result in the need for specialized equipment, technology and/or individualized curriculum and instruction to address the above needs.

### **Student Characteristics**

Most students who meet the criteria for Physically Impaired (PI) have difficulty with completion of classroom tasks involving motor skills within the same timelines as peers, including but not limited to:

- ❖ Navigating the school environment (hallway transitions, emergency evacuations)
- ❖ Accessing the classroom environment and materials
- ❖ Completing activities of daily living (eating, dressing, restroom)
- ❖ Participating in physical education and recess activities
- ❖ Completing classroom tasks that require a motor response

Many students have accompanying neurological impairments which may impact organizational and independent work skills. It is not unusual for students who have physical impairments to demonstrate academic needs that result in atypical learning profiles. For example, a physical impairment can affect a student's learning style and the way he/she is able to:

- ❖ Solve problems
- ❖ Process information
- ❖ Coordinate movement
- ❖ Participate in the classroom

- ❖ Learn new skills and/or demonstrate knowledge
- ❖ View and/or advocate for oneself
- ❖ Although many students with physical impairments will follow the same curriculum as their peers, some variations may include:
  - ❖ Adapting the content to enable participation in some subject areas
  - ❖ Alternative methods for demonstrating knowledge or skills
  - ❖ Additional staff support
  - ❖ Additional or supplemental instruction, i.e. mobility skills, keyboarding, specialized communication methods, and use of assistive technology
  - ❖ The rate at which a student moves through the curriculum

A student may have reduced stamina and become easily fatigued. Some students may have a history of and/or require frequent hospitalization. Some students may also have additional impairments such as an intellectual impairment, learning difficulties, or a sensory impairment. Some students with physical impairments may also be gifted.

### **Common Educational Needs and Adaptations**

The most common components of an educational program for a student who has a physical impairment are adaptations to accommodate the student's educational needs. They may include:

- ❖ Instructional strategies for organization, attention, memory, and atypical learning styles
- ❖ Preferential seating and locker assignment
- ❖ Time extensions for assignment completion
- ❖ Assignment and/or test modifications (reduced writing requirements, alternate means of demonstrating knowledge)
- ❖ Assistive technology and adaptive equipment to compensate for motor and perceptual skill deficits
- ❖ Additional set of text books for home

- ❖ Provision of teacher or peer notes
- ❖ Additional time for transitions
- ❖ Alterations in school schedule to accommodate physical and medical needs (restroom, use of specialized equipment, personal care, visits with related service providers)

It is important that students identified with physical impairments be provided with access to the same educational experiences and opportunities for success as their peers. Other important considerations include emergency evacuation planning for the building and school bus, and development of an individualized health plan (IHP) if there are accompanying chronic health needs that may require additional documentation. The IEP team should also address safety and mobility concerns in the educational environment.

### **Variability**

There is great variability among different physical disabilities. Specific disabilities may be very mild and result in minimal educational needs; or more severe, resulting in significant educational needs. These needs may require specialized equipment, technology, instruction, and possibly paraprofessional support. While most physical disabilities are static with minimal change in basic motor skills, there are some disabilities that are degenerative (e.g., muscular dystrophy). Special planning and considerations are necessary for such situations.

### **Common Misconceptions**

There are many myths and misconceptions about students with physical impairments. It is important to remember that having a physical disability does not automatically ensure that the student meets the criteria for Physically Impaired. Another common misconception for a student with a physical impairment is that the student also has a cognitive impairment. This is frequently assumed when the physical impairment is more severe, impacting communication and mobility. There is the same range of cognitive skills for students with a physical impairment as found with other students. An additional misconception is that physical and/or occupational therapy can cure a disability. While therapy may be able to increase a student's range of motion and ability to complete different gross and fine motor tasks, the student will continue to have the same medical diagnosis and physical disability.

## Eligibility Criteria Overview

The Minnesota State criteria for Physically Impaired requires documentation of a medically diagnosed physical impairment by a physician or licensed health care provider who has the authority to diagnose medical conditions, such as an advanced practice registered nurse (APRN) or physician assistant (PA). Educational needs may be related to a lack of functional level of organizational or independent work skills and/or the inability to manage or complete motoric portions of classroom tasks within time constraints. Classroom tasks include any developmentally appropriate activities across educational/school environments, including the physical education setting, the playground, restroom, lunchroom, hallways, bus, etc. A student may also qualify for services if the physical impairment interferes with educational performance as shown by an achievement deficit of 1.0 standard deviation or more on an academic achievement test. (Refer to the State criteria for specific components.) The criteria do not include a discrepancy between the student's cognitive skills and academic performance.

## P/HD Services in the Educational Setting

The licensure title that aligns with the Physically Impaired category is a Physical and Health Disabilities (P/HD) teacher, who provide special education services to students with a physical impairment from birth through age 21. As stated in Minnesota Rule 3525.2350, Multi-disability Team Teaching Models, the Physical/Health Disabilities (P/HD) teacher is a required member of the Individualized Education Program (IEP) team and participates in planning and completing evaluations for students with a medically diagnosed physical impairment. The P/HD teacher also provides direct and/or indirect services to address educational adaptations and instructional strategies unique to a student's physical impairment.

For more information on the role of the P/HD teacher, see part 4.

## Statewide Physical/Health Disabilities Community of Practice

### An Early History

School services addressing the area of Physically Impaired first began in Minnesota in the late 1950's, when a State Plan for Crippled Children was developed. The law included a definition that acknowledged both physically impaired and other health impaired learners. Up until 1975, services were provided in self-contained classrooms. In 1975, this law was replaced by Federal legislation known as Public Law 94-142, The Individuals with

Disabilities Education Act (IDEA) which mandated a free appropriate public education to children with a disability. In the late 1970's, the Minnesota POHI (Physically and Other Health Impaired) Network was created in response to limitations imposed on POHI practitioners, allowing them to work only with students who had severe/profound physical impairments. Typically, students with mild physical impairments who had more academic abilities were not included within this service delivery model.

During the 1980's, the POHI Network further defined its membership and developed a plan of action. At that time, the University of Minnesota was the only post-secondary institution in the state offering licensure in the category of Physically Handicapped (PH). This licensure program continued to develop and grow through the early 1990's, until a limit of 20 enrolled students per year was imposed. In 1992, the POHI Network merged with the Council for Exceptional Children's Division of Physically Impaired, allowing it to become a representative organization for members of both groups.

### **Recent History**

Throughout the 1990's, the POHI Network continued to redefine its purpose and mission. The organizational name was changed to the Minnesota Physical/Health Disabilities Network and reflected a committed group of professionals who served students in the PI and OHD categories of special education. The teacher licensure was officially changed to Physical/Health Disabilities (P/HD) Teacher in 2001 and defined the professional scope of practice as providing "specialized instructional services in prekindergarten through grade 12 to children and youth with medically diagnosed physical or health disabilities and to collaborate with impairments from birth to age 21. Teachers were encouraged to take the necessary Early Childhood/Special Education (ECSE) coursework to obtain this revised licensure, which many did.

### **Today**

The professional community of practice model has changed in recent years, with appointed P/HD teachers from each region of the state serving as official representatives on the Statewide P/HD Professional Community of Practice. In addition, many more P/HD teachers attend both regional and statewide P/HD CoP meetings and subscribe to the Statewide P/HD Mailing List and the Statewide P/HD Wiki, a shared online resource site. A leadership committee provides guidance and planning for statewide CoP meetings, which provide a forum for professional development opportunities, interagency collaboration, and activities that inform professional practice. The leadership committee and statewide P/HD specialist also assist in



addressing and providing feedback on such issues as collaboration with institutes of higher education and related teacher recruitment and licensure standards.

### **Statewide Physical/Health Disabilities Mailing List and Wiki**

The statewide P/HD Mailing List is an online tool provided through the MN Low Incidence Projects grant to P/HD teachers to electronically send and/or share timely information, resources, or questions pertinent to the field of Physical/Health Disabilities with other P/HD teachers throughout the state. The P/HD Wiki is a free online resource site for P/HD teachers to share resources with colleagues, access materials and information about topics and issues relevant to the P/HD professional community, and work collaboratively on projects. For more information on subscribing to the P/HD mailing list or P/HD Wiki, visit the MN Low Incidence Projects website or contact the Statewide PI Specialist.

### **Minnesota Mentorship Program and Tuition Support for Low Incidence Areas**

In an effort to strengthen Minnesota's support for educators teaching in several low incidence disability areas such as Physical/Health Disabilities, a statewide mentorship program was initiated in 2004. Over time, the mentorship program has changed and grown supported by current research which suggests that participation in well-designed and well-implemented professional mentorship or coaching programs can provide educators with information, support, and connection to professional communities that may strengthen the start or continuation of their careers. Many schools and districts throughout the state currently offer successful mentorship programs for general or special educators, but often do not fully meet the unique needs of itinerant special educators serving low incidence populations of students. More information on the Minnesota Mentorship Program and available tuition support for educators pursuing P/HD licensure can be found on the MN Low Incidence Projects website.

### **Regional and Statewide Professional Resources**

The Low Incidence Projects provides planning, resources and professional development at a regional and statewide level, assisting school districts across the state in fulfilling federal requirements in the areas of implementation of IDEA and insuring the availability of high quality staff in the low incidence areas of special education. Funding for the Statewide and Regional Low Incidence Projects is made possible through a grant from the Minnesota Department of Education. The MN Low Incidence Projects website provides updated information, resources and links relevant to low incidence

educators, including P/HD Teachers. For more information, go to <http://www.mnlowincidenceprojects.org>

More information on these and other regional and statewide resources can be found in Part 14, *Regional and Statewide Resources for the P/HD Teacher*.

### **Statewide P/HD Specialist Position, MN Low Incidence Projects**

(1999 to present)

- ❖ Kelly Bredeken: Fall 2017 to Present
- ❖ Deb Williamson: Fall 2004 to Spring 2017
- ❖ Sally Poesch: Fall 2002 to Spring 2004
- ❖ Pam O'Connell: Fall 1999 to Spring 2002 (no statewide specialist prior to 1999)

### **School P/HD Services and Statewide Supports in Minnesota (1950s to present)**

- ❖ 1950s: School services addressing the area of Physically Impaired first began in Minnesota. The law included a definition that acknowledged both physically impaired and other health impaired learners.
- ❖ 1975: Public Law 94-142, Individuals with Disabilities Education Act (IDEA) was passed, which mandates a free appropriate public education for children with a disability.
- ❖ 1978: The Minnesota POHI (Physically and Other Health Impaired) Network was created.
- ❖ 1980s: The POHI Network further defined its membership, and the Physically Handicapped (PH) teacher licensure program continued to grow.
- ❖ 1990s: The POHI Network continued to redefine its purpose and mission. The MN Department of Education provided technical assistance and support (Marilyn Sorenson, Low Incidence specialist).
- ❖ 1992: The POHI Network merged with the Council for Exceptional Children's Division of Physically Impaired, allowing it to become a representative organization for members of both groups.

- ❖ 2001: PH teacher licensure officially changed to Physical/Health Disabilities Teacher. The MN Board of Teaching revised Rule 8710.5800 to reflect new professional scope of practice for P/HD teachers, including the authorized age range of Prekindergarten through grade 12 for students.
- ❖ 2002: The Statewide PI Manual was created.
- ❖ 2004: The Statewide P/HD List Serve was created, which is now called the Statewide P/HD Mailing List. Electronic TBI resources for educators now made available on the Metro ECSU website, and later the MN Low Incidence Projects website.
- ❖ 2011: The Statewide PI Manual was revised.
- ❖ 2014: The Statewide P/HD Wiki was created, an online site for P/HD teachers to share and access information pertinent to their work with students.
- ❖ 2016: The Statewide P/HD Network became the Statewide P/HD Community of Practice. The Board of Teaching revised the Teacher Licensing Rule 8710.5800 to further define the student age range as Birth through age 21.



## Part 2: Minnesota State Criteria: Physically Impaired

### 3525.1337 PHYSICALLY IMPAIRED.

**Subpart 1. Definition.** "Physically impaired" means a medically diagnosed chronic, physical impairment, either congenital or acquired, that may adversely affect physical or academic functioning and result in the need for special education and related services.

**Subpart. 2. Criteria.** A pupil is eligible and in need of special education instruction and services if the pupil meets the criterion in item A and one of the criteria in item B.

- A. There must be documentation of a medically diagnosed physical impairment.
- B. The pupil's:

need for special education instruction and service is supported by a lack of functional level in organizational or independent work skills as verified by a minimum of two or more documented, systematic observations in daily routine settings, one of which is completed by a physical and health disabilities teacher;

need for special education instruction and service is supported by an inability to manage or complete motoric portions of classroom tasks within time constraints as verified by a minimum of two or more documented systematic observations in daily routine settings, one of which is completed by a physical and health disabilities teacher;

OR

physical impairment interferes with educational performance as shown by an achievement deficit of 1.0 standard deviation or more below the mean on an individually administered nationally normed standardized evaluation of the pupil's academic achievement.

STAT AUTH: MS s **14.389; 120.17**; L 1999 c 123 s 19.20

HIST: 16 SR 1543; L 1998 c 397 art 11 s 3; 24 SR 1799; 26 SR 657

(Current as of 2018)

## Considerations for Applying Physically Impaired Criteria

3525.1337 PHYSICALLY IMPAIRED.

**Subpart 1. Definition.** "Physically impaired" means a medically diagnosed chronic, physical impairment, either congenital or acquired, that may adversely affect physical or academic function and result in the need for special education and related services.

**Subp. 2. Criteria.** A pupil is eligible and in need of special education instruction and services if the pupil meets the criterion in item A and one of the criteria in item B.

### **A. Medical Diagnosis**

***There must be documentation of a medically diagnosed physical impairment.***

Minnesota State Criteria requires written and signed documentation of a medically diagnosed chronic physical impairment by a licensed physician or acceptable health care provider acting within the scope of the provider's practice (with an Advanced Practice Registered Nurse or Physician Assistant cited as two examples). Written or electronic reports referencing a previous diagnosis made by another provider would not meet criteria for a primary source of documentation. Either paper or electronic documentation of the diagnosis and signature of the physician or licensed health care provider is acceptable. The medical diagnosis must be specific in nature. For example, vague language such as "possible", "probable", or a listing of characteristics such as low muscle tone or global motor deficits would not meet criteria for a medical diagnosis of a physical impairment. There are no restrictions as to the date of the documentation. Additional or repeated documentation of the physical impairment by a licensed physician or health care provider is **not** required when conducting 3-year re-evaluations unless there have been significant changes in the student's medical status or diagnosis. However, a summary of existing and/or updated medical information should be included in every re-evaluation. Information on various medical conditions can be found in other sections of this manual, including the Frequently Asked Questions (Part 13) and the Physically Impaired Information Sheets (part 15).

AND

## **B. General Components**

In addition to a documented medical diagnosis of a physical impairment, the team must demonstrate that the physical impairment is adversely affecting the student's educational performance. If a student's physical impairment does not impact academic performance or functioning in the educational setting, the student may not require special education and related services. The physical impairment must result in one **or** more of the following: lack of functional level of organizational or independent work skills, **or** inability to manage or complete motoric portions of classroom tasks within time constraints, or a 1.0 standard deviation academic achievement deficit.

### **The pupil's:**

- (1) need for special education and services is supported by a lack of functional level of organizational or independent work skills as verified by minimum of two or more documented, systematic observations in daily routine settings, one of which is completed by a physical and health disabilities teacher;

A licensed Physical/Health Disabilities (P/HD) teacher must be included in all evaluation planning for a student suspected of having a physical impairment; serve as a member of the evaluation team; and complete a minimum of one of the systematic, documented observations. The routine settings should include the classroom and other school areas (e.g., gym, lunchroom, hallway, restroom, playground) as well as other educational environments such as a daycare/preschool setting, residential program, vocational setting, hospital, or home. A lack of functional level of organizational or independent work skills related to the medical diagnosis can be verified through observations, checklists and/or interviews with school staff and the student. Organizational and Independent Work Skills/ Motor Skills Checklists for infant/toddler, prekindergarten- kindergarten, elementary, middle school/high school and transition-age students are included in this manual.

or

- (2) need for special education instruction and service is supported by an inability to manage or complete motoric portions of classroom tasks within time constraints as verified by a minimum of two or more documented, systematic observations in daily routine settings, one of which is completed by a physical and health disabilities teacher;

As in (1), at least one of the documented systematic observations for this verification should be completed by a licensed P/HD teacher, with additional observation(s) completed by other team members such as a special education teacher, school psychologist, Developmental Adapted Physical Education (DAPE) instructor, or school-based occupational and/or physical therapist. The classroom is not exclusive to the traditional academic instructional setting but includes all educational environments. As noted earlier, Organizational and Independent Work Skills/ Motor Skills Checklists for student age/grade levels are included in this manual and can be used to document needs in this area.

The inability to manage or complete motoric portions of classroom tasks within time constraints refers to typical classroom expectations and may be due to difficulty with the following:

- strength/endurance
- coordination
- manipulating/storing/retrieving academic materials and/or tools
- handwriting difficulty with speed, legibility, fatigue, volume of writing
- making transitions within the classroom or building
- managing belongings (coat, backpack, materials)
- activities of daily living
- developmentally appropriate play activities

or

- (3) The physical impairment interferes with educational performance as shown by an achievement deficit of 1.0 standard deviation or more below the mean on an individually administered, nationally normed standardized evaluation of the pupil's academic achievement.

The deficit should be in more than one subtest of an academic achievement test. A student who meets criteria and qualifies for special education services under the Physically Impaired category does not need to qualify for academic services due to a discrepancy between intellectual and achievement or grade placement. The

evaluation should include a description of the educational needs and related implications of the achievement deficit. This information may be helpful in validating specific academic instructional needs. A licensed P/HD teacher is required to be involved in the interpretation of the evaluation results and the determination of educational needs.

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NOTE: A fillable version of the *Physically Impaired Criteria Checklist* can be found in the Appendices (Part 16) of this manual; or on the websites of the MN Low Incidence Projects or the MN Department of Education.

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## Part 3: Related Laws and Regulations

### Related Laws and Regulations

To best understand the provision of services at a local level, it is critical to first understand the federal and state education laws and regulations that guide all services in the schools.

#### **Section 504 of the Rehabilitation Act of 1973**

Section 504 of the Rehabilitation Act of 1973, with amendments in 1986, is a civil rights law protecting the rights of individuals of all ages with disabilities participating in programs that receive federal financial assistance from the U.S. Department of Education. Section 504 defines a person with a disability as "any person who has a physical or mental impairment which substantially limits one or more of the major life activities, has a record of such impairment, or is regarded as having such impairment" [34 C.F.R. 104.3(j) (1)]. Students whose disability does not adversely affect their educational performance but substantially limits one or more major life activities may be eligible for accommodations under Section 504. This definition is broader than IDEA, which defines specific qualifying conditions. The U.S. Department of Education has not defined the term "substantial limitation," allowing local educational agencies to develop their own definitions.

Some students with disabilities may not meet eligibility guidelines under IDEA but are qualified for supports under Section 504. There may also be students who have a disability according to both definitions but do not require special education services. For example, some students who use wheelchairs may be qualified under both definitions, but if they do not require special education services, they may only require special accommodations under Section 504.

The Office for Civil Rights (OCR), U.S. Department of Education, is the enforcing agency for Section 504 in the education environment. OCR conducts compliance reviews and investigates complaints. Section 504 includes administrative complaint procedures, which can help to avoid costly court actions. Like IDEA, Section 504 requires identification, evaluation, provision of appropriate services, notification of parents, an individualized accommodation plan (Section 504 plan), and procedural safeguards. These activities must be performed in accordance with Section 504 regulations, which have some requirements that differ from those of IDEA.



For more information, refer to the MN Department of Education Compliance Manual on Section 504 of the Rehabilitation Act of 1973, which is available on the MN Department of Education website.

### **The Americans with Disabilities Act**

The Americans with Disabilities Act (ADA), originally passed in 1990 and reauthorized in 2010, is a civil rights law protecting the rights of individuals of all ages with disabilities participating in public and private programs, unlike Section 504 of the Rehabilitation Act, which only applies to public programs. The definition of a person with a disability is the same for ADA and Section 504 of the Rehabilitation Act. Educators should be aware of the need for reasonable accommodations for students in all community, vocational, and post-secondary settings.

### **Individuals with Disabilities Education Act (IDEA 2004)**

IDEA is the federal law that outlines the provision of special education services for children with disabilities; it was most recently revised in 2004 and should be revised every 5 years. This law mandates school districts to provide a free and appropriate public education to all children (FAPE), including the provision of special education and related services to children with disabilities. It also defines the requirements for identifying children suspected of having a disability, and the process of implementing special education services. The federal education laws and regulations provide the basis for our state education laws and regulations. State laws and regulations cannot be more restrictive than federal laws.

### **The Family Educational Rights and Privacy Act (FERPA)**

The Family Educational Rights and Privacy Act (FERPA) protect the rights of the student and family regarding confidentiality of health and educational information. The Act allows the parent or eligible student the right to inspect and review the student's education records; to request an amendment of the records to ensure that they are accurate, not misleading, or otherwise in violation of the student's privacy or other rights; and to know who, besides the parents and authorized school personnel, has access to this information.

Educators need to obtain signed parent and/or legal guardian permission for exchange of information with any outside agency, such as medical facilities, physicians, therapists, and county agencies. Permission needs to be renewed yearly, and the parents have the right to rescind this permission at any time. FERPA allows disclosure of information to other school officials within the agency or institution, including teachers, who have been determined to have legitimate educational interests.

## Minnesota Administrative Rules

An administrative rule is a general statement adopted by an agency to make the law it enforces or administers more specific, or to govern the agency's organization or procedure. Minnesota has a number of Rules that govern how we provide educational services to students.

Regular Education: "Regular education program" means the program in which the pupil would be enrolled if the pupil did not have disabilities.  
(M.R.3525.0210Subp. 38.)

Special Education: "Special education" means any specially designed instruction and related services to meet the unique cognitive, academic, communicative, social and emotional, motor ability, vocational, sensory, physical, or behavioral and functional needs of a pupil as stated in the IEP.  
(M.R. 3525.0210 Subp. 42.)

## Assistive Technology

P.L. 108-364 Assistive Technology Act of 1998 (amended in 2004) affirms that technology is a valuable tool that can be used to improve the lives of individuals with disabilities and has taken on an increasingly important role in all aspects of society. The Act recognizes the substantial progress that has been made in the development of AT devices in recent years, supports statewide technology programs and initiatives, and strengthens the capacity of each state to address the assistive technology needs of individuals with disabilities. States are required to conduct the following activities: Support public awareness programs; promote interagency coordination; provide technical assistance and training; and provide outreach and support to community-based organizations that provide assistive technology devices, adaptations, or services.

**Definition of an AT Device:** IDEA defines an assistive technology device as 'any item, piece of equipment, or product system, whether acquired commercially or off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of a child with a disability. The term does not include a medical device that is surgically implanted or the replacement of such device.' (IDEA 2004, Sec 300.5)

**Definition of AT Service:** Assistive technology service means any service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. The term includes:

- 1) The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child's customary environment;



- 2) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
- 3) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- 4) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- 5) Training or technical assistance for a child with a disability or, if appropriate, that child's family; and
- 6) Training or technical assistance for professionals (including individuals providing education or rehabilitation services), employers, or other individuals who provide services to, employ, or are otherwise substantially involved in the major life functions of that child. (IDEA 2004, Sec 300.6)

## Part 4: Role of the Physical/Health Disabilities Teacher

### Who is the Physical/Health Disabilities Teacher?

The licensure title that aligns with the Physically Impaired category is a Physical and Health Disabilities (P/HD) teacher, who provide special education services to students with a physical impairment from birth through age 21. An earlier and still valid Minnesota teacher license offered in the past is the Physically Handicapped (PH) teacher license, which allows the provider to serve students in grades Kindergarten through age 21 under the Physically Impaired category.

In 2001, The teacher licensure was officially changed to Physical/Health Disabilities (P/HD) Teacher and Teacher Licensure Rule 8710.5800 was amended, which defined the P/HD teacher's scope of practice as "specialized instructional services in prekindergarten through grade 12 to children and youth with medically diagnosed physical or health disabilities and to collaborate and consult with families, other classroom and special education teachers, and specialized service providers in designing and implementing individualized educational program plans for students." This teacher licensure rule would be later amended in 2016 to define student ages as ranging from birth to age 21.

Licensure Rule 8710.5800 TEACHERS OF SPECIAL EDUCATION: PHYSICAL AND HEALTH DISABILITIES can be found in its entirety at the end of this section.

The student who receives special education services under the Physically Impaired category must have a teacher licensed in this special education area as a member of his/her IEP team. P/HD teachers This teacher must be involved in the evaluation and development of the IEP for the student receiving services under the category of Physically Impaired, as defined in Minnesota Rule 3525.2350, Multi-disability Team Teaching Models:

**Subp. 2. License requirement.** There must be a teacher on the team who is licensed in the disability area of each pupil served by the team.

**Subp. 3. Team member responsibility.** The team member licensed in a pupil's disability shall be responsible for conducting the pupil's evaluation and participating at team meetings when an IEP is developed, reviewed, or revised. Consultation and indirect services as defined in part [3525.0210](#) must be provided to the general or special

education teacher providing instruction if not licensed in the disability. The frequency and amount of time for specific consultation and indirect services shall be determined by the IEP team.

Although a documented disability category is unknown at the time of a student's initial evaluation, the intent of the law would suggest that an evaluation team should include a P/HD teacher if student records and presenting needs indicate the presence of a physical impairment. In addition to serving as a member of the evaluation team, the P/HD teacher also provides direct and/or indirect services to students who meet PI criteria and assists the team in developing appropriate goals and objectives, as well as accommodations and/or modifications to curriculum, materials, and instructional methods; and utilizing assistive technology to ensure access to curriculum, materials, and the educational environment. A P/HD teacher may also provide disability-specific inservices to staff or students.

### **Serving Students Who Qualify Under Other Categories**

Although there is currently no special education teacher licensure specific to OHD or TBI, Hamline University in St. Paul does offer graduate level certificates in these areas. Curriculum development for these certificates was made possible through grant funding from the MN Low Incidence Projects. If P/HD teachers have sufficient training and experience and/or have received certification in either of these areas, school districts may identify them as service providers for students who qualify under these categories. However, staffing decisions involving non-licensed areas at a local level are often driven by multiple factors, including staff availability and caseloads.

For information on the roles of other team members, see Part 8 in this manual, *Key Services and Supports in the Educational Setting*.

### **Board of Teaching**

Adopted Permanent Rules Relating to Teacher Licensing

#### **8710.5800 Teachers Of Special Education: Physical And Health Disabilities.**

**Subpart 1. Scope of practice.** A teacher of special education: physical and health disabilities is authorized to provide evaluation and specially designed instruction to eligible children and youth from birth through age 21 who have medically diagnosed physical or chronic or acute health disabilities. Teachers collaborate and consult with families, other classroom

and special education teachers, and specialized service providers in designing and implementing individualized educational program plans.

**Subpart 2. License requirements.** A candidate for licensure to teach students from birth through age 21 who have physical and health disabilities shall:

- A. hold a baccalaureate degree from a college or university that is regionally accredited by the association for the accreditation of colleges and secondary schools;
- B. demonstrate the standards of effective practice for licensing of beginning teachers in part 8710.2000;
- C. demonstrate core skill requirements in part 8710.5000; and
- D. show verification of completing a Professional Educator Licensing and Standards Board preparation program approved under chapter 8705 leading to the licensure of teachers of special education: physical and health disabilities in subpart 3.

**Subpart 3. Subject matter standard.** A candidate for licensure as a teacher of special education: physical and health disabilities must complete a preparation program under subpart 2, item D, that must include the candidate's demonstration of the knowledge and skills in items A to E.

- A. **Foundational knowledge.** A teacher of special education physical and health disabilities understands the foundations of special education services for students with physical and health disabilities on which to base practice. The teacher must base knowledge of the:
  - (1) historical and philosophical foundations, legal bases, and contemporary issues pertaining to the education of students with physical or health disabilities;
  - (2) etiology and characteristics of physical and health-related disabilities and their functional and developmental implications on academic, communication, cognitive, physical, social, and emotional outcomes;
  - (3) educational definitions, issues related to identification criteria, and eligibility criteria for services pertaining to students with physical or health disabilities, including those from culturally or linguistically diverse backgrounds;

- (4) foundational principles of human anatomy, physiology, pharmacology, kinesiology, neurology, and related medical terminology;
- (5) associated health care issues which accompany specific physical and health disabilities;
- (6) impact of coexisting conditions or multiple disabilities;
- (7) condition-specific needs related to managing personal physical care for students with physical or health disabilities; and
- (8) body mechanics to ensure student and teacher safety in transferring, lifting, positioning, seating, and mobility;

**B. Referral, evaluation, planning and programming.** A teacher of special education: physical and health disabilities understands and applies principles of prevention and intervening early and procedures for referral, assessment, evaluation, individualized planning, programming, and placement specific to teaching students with physical or health related disabilities. The teacher must be able to:

- 1) apply referral and evaluation procedures for determining eligibility;
- 2) understand the use, limitations, ethical concerns, administration, and interpretation of formal and informal assessment for students with physical or health disabilities and how to effectively communicate the results to students, families, and other professionals;
- 3) select, administer, and adapt or modify assessment tools used to measure motor, auditory, visual, academic, behavioral, and communication skills, abilities, and needs;
- 4) integrate, interpret, and communicate assessment results and information available from family, school personnel, and medical providers into the evaluation, planning, and programming process;
- 5) support the selection, acquisition, and use of assistive technology and universally designed materials and equipment for evaluation and instruction in collaboration with students, families, staff, and specialists;

- 6) assess and identify structural, environmental, attitudinal, and communication factors to ensure accessibility, participation, and engagement for students with physical or health disabilities;
- 7) consider a range of educational services and placements and participate as a member of the individualized education program team; and
- 8) design individualized education program plans that incorporate academic, age-appropriate goals based on evaluation results, health needs, family priorities, and student strengths and needs in collaboration with other providers.

C. Instructional design, teaching, and ongoing evaluation. A teacher of special education:

- (1) physical and health disabilities understands how to use individualized education program plans to design, implement, monitor, and adjust instruction for students with physical or other health impairments. The teacher must be able to:
- (2) integrate knowledge of evidence-based instruction, including scientifically based research interventions when available, in language development, reading, writing, and mathematics with characteristics of physical and health disabilities in order to design, implement, monitor and adjust instruction aligned with grade-level content standards;
- (3) interpret, integrate, and apply sensory, motor, perceptual, and medical information to create appropriate individualized education program plans for students with a physical or health disability;
- (4) design, implement, monitor, and adjust multiple communication methods and social interaction strategies, in collaboration with other providers, that meet the ongoing communication needs of students with a range of physical and health disabilities;
- (5) design, implement, monitor, and adjust curriculum and instruction, and adapt environments, applying the principles of fine-, gross-, and sensori-motor development;



- (6) design, implement, monitor, and adjust strategies, including assistive technologies, to ensure accessibility, participation, and engagement, as well as promote academic achievement and positive behavior, for students with physical or health disabilities;
- (7) design, implement, monitor, and adjust instructional programs that take into consideration individual strengths, interests, skills, health, and medical needs, including postsecondary transition planning; and
- (8) instruct, coach, and monitor student use of self-advocacy skills, including contextual and medical implications, to develop resilience and maintain self-determination.

**D. Collaboration and communication.** A teacher of special education: physical and health disabilities cultivates and maintains positive, collaborative relationships with children, youth, families, educators, other professionals, and the community to support developmental and educational progress. The teacher must be able to:

- (1) collaborate with students and their families for transitions among environments, and connect students, families, and professionals to educational and community agencies that provide support and resources across the life span;
- (2) understand and communicate educational roles and shared responsibilities in the areas of educational, medical, vocational, rehabilitation, and related services, including social and county services, when implementing individualized physical, medical, and positive behavior supports and academic instruction across environments;
- (3) identify and address medical, health, and educational issues and strategies needed to integrate care and transition for students with physical or health disabilities among home, hospital, rehabilitation, and school settings;
- (4) provide and receive consultation and collaborate in a variety of settings regarding development and implementation of the comprehensive evaluation process, individualized education program planning, delivery of instruction and accommodations, and transition with individuals and agencies;
- (5) promote collaborative practices that respect individual and

family culture and values relative to the impact that physical and health disabilities may have on the individual and family across the life span;

- (6) understand the impact of terminal illnesses and assist in providing supports related to bereavement for students, families, and staff;
- (7) access and evaluate information, research, and emerging practices relevant to the field of physical and health disabilities through consumer and professional organizations, peer-reviewed journals, and other publications; and
- (8) engage in continuing professional development and reflection to increase knowledge and skill as a special educator and inform instructional practices, decisions, and interactions with students and their families.

**E. Clinical experiences.** A teacher of special education: physical and health disabilities applies the standards of effective practice through a variety of early and ongoing clinical experiences in teaching students who have physical or health disabilities in birth through preschool, primary (kindergarten through grade 4), and secondary (grades 5 through 12, including transition programs) settings across a range of service delivery models

**Subpart 4. Continuing licensure.** A continuing license shall be issued and renewed according to rules of the Professional Educator Licensing and Standards Board governing continuing licenses.

**Subpart 5. Effective date.** Requirements in this part for licensure as a teacher of special education: physical and health disabilities are effective on January 1, 2013, and thereafter.

**Statutory Authority:** MS s 122A.09; 122A.18

**History:** 23 SR 1928; 36 SR 1243; L 2017 1Sp5 art 12 s 22

**Published Electronically:** August 21, 2017



## Part 5: Referral and School Re-Entry

### **Referral for a Special Education Evaluation**

A referral as part of the initial evaluation process for students suspected of having a disability is addressed in Minnesota Rule. A student with a physical impairment may have a history of receiving medical services and supports, which may expedite documentation requirements. Referrals can come from a variety of sources, including parents, school personnel, students or others. A referral should include written documentation of a medically diagnosed physical impairment signed by a physician or licensed health provider operating within their professional scope of practice and should be kept in the student's school file. In addition to having a documented medical condition, there should be some evidence of concerns related to the medical diagnosis regarding the student's academic progress.

### **School Re-Entry**

A child or youth may sustain a severe injury, resulting in hospitalization and long term physical impairment; or a child with an existing physical impairment may require hospitalization for an extended period of time for surgeries. The recovery process for either situation is often a long and arduous one for the child and family. It is very important that the health care professionals, parents and school staff work closely together throughout this period to ensure a smooth re-integration between hospital, home, and school.

### **Recent Injury**

Prior to the student's return to school, the team must determine if the student is eligible for and in need of accommodations related to the physical impairment, which can be provided through implementation of a 504 plan or an IEP, depending upon the degree of educational need. If a special education evaluation is warranted and the student qualifies for special education, services under the disability category of Physically Impaired would likely be considered. All due process procedures must be completed prior to the initiation of special education services, including the evaluation, determination of eligibility, and IEP. Frequently, the special education evaluation will be initiated while the student is still in the hospital or rehabilitation setting. Documents and assessment results provided by the medical team should be included in the data gathered through the evaluation process. In the event that the evaluation and special education qualification

cannot be completed prior to school re-entry, appropriate school services must be provided through general education funding, i.e. transportation, ADL support, nursing services, homebound instruction, etc.

If the student has been discharged from the medical facility and has returned home, the evaluation process may conclude in the home setting. Observations, which are an important component of an evaluation, should occur in the setting where the child is residing. Multiple observations may need to be conducted as the child transitions between settings. Evaluation timelines may be impacted by the student's rate of recovery and availability for evaluation activities. If the student is scheduled to return to school prior to the thirty school-day evaluation timeline, the team may need to expedite the evaluation to provide the student with a safe and appropriate program and services upon re-entry to school. Ongoing evaluations may be needed as the student's recovery continues. The documents included in this section are suggested guidelines for completing this process. A medical discharge documentation form and re-entry protocol is included on the following page.

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NOTE: Fillable PDF versions of the following forms can be found on the Minnesota Low Incidence Projects website, and templates can be found in the Appendices of this manual.

- 1) [Students with Physical Impairments: Suggested Protocol for Initial Evaluation Following Hospitalization](#)
- 2) [Students with Physical Impairments: for Students with Existing IEPs Following Medical Procedure/Hospitalization](#)

## Part 6: Special Education Evaluation and Eligibility

### Special Education Evaluation and Eligibility

#### Overview

Evaluating students with physical impairments can be complex due to a number of factors, including medical aspects of the diagnosis, multiple community service providers, and overlapping areas of educational need with respect to other special education categories. To be considered eligible for special education services, a student must have a documented medical diagnosis of a physical impairment that adversely affects academic progress. An evaluation is conducted by a school team to identify existing educational needs as they relate to the impairment and determine eligibility for specialized instruction. An evaluation is also useful in identifying educational needs, which provides the framework for an Individualized Education Plan (IEP) and accompanying instructional strategies, accommodations, and supports. If a student has recently been evaluated in a clinical or medical setting and the information is pertinent to the student's overall academic functioning, this information should be considered and incorporated into the school evaluation.

Traditional psychometric tests may provide useful information but must be used with caution as test scores may not reflect the student's educational needs and/or abilities. The student's ability to demonstrate typical academic or learning tasks in the classroom and educational environment should be carefully evaluated. In addition to the more traditional academic testing, student observations should also focus on the following areas: Organization of materials, time management, work completion, attending skills, communication skills, functional motor skills, and endurance.

As a result of a student's potential fluctuation in his/her medical status, ongoing monitoring and revisions to the student's instructional program, IEP and accommodations may be required more frequently than with other students.

#### Eligibility Determination

To determine eligibility for qualification of special education services under the Physically Impaired category, a team must first assure that a physician or licensed health care provider operating within their professional scope of practice has provided written medical documentation of the physical impairment, which is then kept in the student's primary school file. The team

must then verify that there are educational needs related to the diagnosis that adversely affect the student's educational performance, determined through a comprehensive special education evaluation conducted by a multidisciplinary team. Members of such a team can include (but not limited to) the following individuals: A Physical/Health Disabilities teacher, special education teacher(s), school nurse, school psychologist, DAPE teacher, occupational and/or physical therapist, speech/language clinician or pathologist, or other appropriate related service providers. The eligibility criteria for PI as documented in Minnesota Rule 3525.1337 can be found in this manual.

### **Linking the Medical Diagnosis to Eligibility and Educational Needs**

When determining eligibility under the category of Physically Impaired, the evaluation team must link the medical diagnosis to the criteria components, including (1) a lack of functional level in organizational or independent work skills; or (2) an inability to manage or complete motoric portions of classroom tasks within time constraints; or (3) a demonstrated achievement deficit.

**Example:** *(PI Criteria)*

#### **B. The pupil's:**

(1) need for special education instruction and service is supported by a lack of functional level in organizational or independent work skills as verified by a minimum of two or more documented, systematic observations in daily routine settings.

#### *Student Profile*

Damita has a medical diagnosis of myelomeningocele (spina bifida) with treated hydrocephalus. Her diagnosis has resulted in lower extremity paralysis, visual-perceptual problems, reading comprehension difficulties, and distractibility. Damita requires assistance in order to understand task directions. She requires frequent prompts (at least one every two minutes) to continue working on classroom assignments. Damita needs to improve her independent work skills.

#### *Goal:*

Damita will improve her independent work skills, from a level of relying on adults to restate and explain task directions directly to her, to a level of checking for understanding and seeking clarification independently by (1) reviewing handout or assignment directions and the display board, then (2)

checking with peers, before (3) raising her hand and asking for assistance from the teacher.

*Objective 1:*

Given a classroom assignment and a verbal prompt to identify the essential details in the directions, Damita will correctly underline the task directions and explain what the directions require her to do; demonstrated in 9 of 10 trials as monitored by selected school staff using a data sheet.

*Objective 2:*

Given a classroom assignment, Damita will independently underline the task directions and accurately explain what the directions require her to do; demonstrated in 9 of 10 trials as monitored by selected school staff using a data sheet.

*Objective 3:*

Given assignment directions that she does not understand, Damita will independently seek assistance from a nearby peer before asking the teacher; demonstrated in 9 of 10 trials as monitored by selected school staff using a data sheet.

### **Issues to Consider When Conducting an Evaluation**

When evaluating a student with a physical impairment, the following indicators should be carefully observed and noted within the evaluation report.

### **Potential Neurological Indicators**

- 1) Distractibility, poor concentration, and poor impulse control (disinhibition)
- 2) Memory difficulties that affect encoding, retention, and retrieval of information
- 3) Visual-spatial problems affecting part-whole reasoning, integration of thoughts, and synthesis
- 4) Conceptual reasoning and organizational skills
- 5) Slow processing speed and slowed output of information, affecting performance in timed tests.

## **Motor Ability Indicators**

### **(Gross Motor)**

- 1) Extreme weakness or total paralysis of one or both sides
- 2) Reduced muscle tone (hypotonia) or rigidity
- 3) Muscle contractions or spasticity
- 4) Poor balance or ataxia

### **(Fine Motor)**

- 1) Reduced motor dexterity and tremors, impairing the ability to cut with scissors, draw, or handwrite
- 2) Problems with motor planning (dyspraxia), impairing the ability to do self-care or some vocational activities

### **(Oral Motor)**

Oral motor dysfunction affecting articulation and/or swallowing

## **Visual Indicators**

- 1) Visual field cuts (blind spots or areas)
- 2) Impaired visual tracking (affecting reading, writing, navigating in unfamiliar environments)

## **Health/Physical Indicators**

- 1) Physical limitations (restrictions from physical education, fatigue/endurance issues)
- 2) Medical concerns (seizures, headaches, pain, dizziness, vertigo)
- 3) Medication issues (anticonvulsant, anti-depressant, psycho-stimulant medications)
- 4) Requires assistive devices (wheelchair, positioning equipment, assistive technology)



## **Adaptations to Evaluations: Accommodating Learners with Physical Impairments**

### **Alternative presentation format**

- 1) Reading directions or text
- 2) Presenting complex directions in smaller, sequential increments
- 3) Teaching the test responses

### **Modification of test materials or administration**

- 1) Limiting the amount of test items presented
- 2) Enlarging test items or making the test clearer perceptually
- 3) Rearranging test items
- 4) Providing time extensions or eliminating time variable
- 5) Allowing shortened test sessions or more frequent breaks

### **Alternative response formats**

- 1) Pointing, eye-gazing
- 2) Dictating response
- 3) Interpreting of response by person familiar with learner's communication
- 4) Using an augmentative communication device
- 5) Changing to multiple-choice format
- 6) Enlarging the test protocol to provide more space for writing
- 7) Using electronic tools to complete writing tasks or tests, if appropriate
- 8) Using compensatory software such as word prediction, voice input, or text to speech
- 9) Using calculator

If adaptations are used in test administration, these need to be documented in the discussion of the test results and interpretation. Many of these adaptations would impact the administration and standardization of the test, including validity, and should be taken into account when making educational decisions that are based on test results.

Evaluating the intellectual functioning of a student with a physical disability is often complicated by the student's motor skills. Even though the performance section scores may be invalid due to the significant changes required for administration, the performance sections could be completed to gain insight into the student's problem-solving skills and information processing.

There are several cognitive tests that do not require a verbal response or motor response (except to point):

- 1) Test of Non-Verbal Intelligence (TONI-4)
- 2) Comprehensive Test of Nonverbal Intelligence (CTONI-2)

\*There are specific accommodations in the following areas for statewide testing: Presentation format, test setting, scheduling and timing, and response format. For more information, visit the MN Department of Education website.

### **Suggestions for Evaluating Reading Comprehension of Non-Verbal Students with Physical Impairments**

For beginning readers who are non-verbal, it can be challenging to develop strategies to determine if the student is able to identify a specific word. While it is sometimes very helpful initially to have selected reading words included in the student's augmentative communication system or other device, it would not be realistic to have the student learn to say every word that he or she can read.

For beginning readers, check for literal comprehension by asking questions related to detail and vocabulary. Inferential, sequential, and predictive questions are more difficult due to the communication and written language skills of beginning, nonverbal readers.

The student may be able to demonstrate knowledge of words through different questioning strategies. While yes/no responses are fast and easy, when used for identifying reading words the student has a 50-50 chance of correctly identifying the word. Some examples of varied questions that



could be asked that would be more likely to determine if the student knows a word could be:

- ❖ What word means the same as.....?
- ❖ What word means the opposite of.....?
- ❖ What word has three syllables? What are two words with two syllables?
- ❖ What word rhymes with.....?
- ❖ What word would fit in this sentence? (Fill in the blank, cloze sentence)
- ❖ What word answers who? When? Where? What? Describes how?

Other ideas could include using color or multiple-choice strategies to allow students to identify the words. For example, words in the text could be highlighted different colors, and the student could identify the color of the correct word using informal or formal communication systems. If the student has the motor ability to point to a specific word, consider enlarging the text to allow the student to touch the requested word.

For some stories, the pictures or photos in the story can be used to help identify vocabulary. The student could point to the word, then tell what an object is in the picture, or point to the part of the picture that is labeled by a specific vocabulary word. Depending on the skill level of the student using his or her communication device, reading vocabulary could be practiced by asking the student to name one or more words on the page that can be said with his or her device. Other ideas for determining the level of reading comprehension would be to utilize commercially available multiple-choice format materials such as reading series placement or progress evaluations, reading materials such as Barnell- Loft or SRA, or formal evaluation instruments such as the Stanford Diagnostic Reading Test or Gates-McGinty Reading Test.

### **Informal Evaluation**

When evaluating students with physical impairments, the informal evaluation process is one of a number of multi-method assessment procedures and is of particular importance due to the difficulties encountered in traditional testing of students with a physical impairment. The presented purpose is to provide the Physical/Health Disabilities teacher and the student's respective educational team a set of acceptable informal techniques that should be considered during the evaluation process. Identifying students who have

physical impairments as eligible and in need of special education services typically requires norm-referenced testing, while evaluations conducted for educational planning purposes utilize a variety of assessment procedures which may or may not include traditional norm-referenced testing.

**The purpose of conducting an informal evaluation:**

- ❖ When atypical motoric and/or verbal responses do not allow the use of standardized measures
- ❖ Confirm or dispute information obtained from other formal and objective evaluation procedures
- ❖ Collect data not addressed or available with other formal assessment measures
- ❖ Obtain informal information on how the student functions relative to his/her physical impairment in various settings

**Informal evaluations include:**

- ❖ Review of the student's cumulative school records
- ❖ Systematic observations
- ❖ Trial use of various assistive technology devices to establish reliable methods of response
- ❖ Parent, teacher and/or student interviews
- ❖ Data collected from permanent records, such as:
  - ❖ The number of times homework is turned in, completed/correct/on time
  - ❖ Student performance on weekly spelling tests, etc.
  - ❖ Student performance on curriculum unit tests
  - ❖ Student grades on assignments
  - ❖ Student report card grades
  - ❖ Student work samples

- ❖ Student portfolios compiled by the P/HD teacher that show progress over time, such as the Compensatory Skills Checklist for Students with Physical Impairments
- ❖ Objective staff comments and observations referencing student performance
- ❖ IEP periodic review statements

### **What is a systematic observation?**

A systematic observation occurs in the natural setting of the student, typically his/her classroom or other familiar school environment and requires the teacher to observe behaviors relative to the student's educational functioning. The collected data provides the framework for better understanding how the student's impairment is affecting his/her classroom functioning by quantifying the behavior and providing information on frequency, rate, latency etc. within an objective, data-specific reporting format.

### **Why are systematic observations conducted?**

A systematic classroom observation by a P/HD teacher is one of the eligibility components in the Minnesota Criterion for Physically Impaired (MR 3525.1337).

Subp. 2, Section B (1) states: "The pupil's need for special education instruction and service is supported by a lack of functional level in organizational or independent work skills as verified by a minimum of two or more **documented, systematic observations** in daily routine settings, one of which is completed by a physical/health disabilities teacher...'

Systematic observations provide the P/HD teacher with specific data to assist the student's team in educational planning and to supplement other norm-referenced tools.

Statements of current performance included in the Individual Educational Plan (IEP) require the educational team to address the student's progress in the general education curriculum. Systematic observations provide data that can be included in these statements of current performance.

### **When are systematic observations conducted?**

- ❖ For initial and three-year re-evaluations on students

- ❖ When there are concerns about a student's progress
- ❖ When there are concerns about how much, or to what degree, a student is accessing information in an education setting
- ❖ When the team is concerned about what strategies the student utilizes during breakdowns in learning
- ❖ When the student's educational team is identifying IEP accommodations or services
- ❖ When a parent or a member of a student's IEP team requests an observation to address a specific issue or concern
- ❖ When there are considerations to add, change, or remove a student's current school-based assistive technology
- ❖ When there are concerns about the placement and/or setting of the student

### **Evaluating Infants and Children Aged Birth to Five with Physical Impairments**

Physical/Health Disabilities teachers are licensed to serve students aged birth through 21 years of age and may be asked to evaluate and serve an infant or toddler with a documented physical impairment. Typically, services provided to an infant or toddler by a P/HD teacher are indirect and involve consultation to the family and other team members. Areas of focus often include environmental access, adaptations and/or modifications to toys, equipment, and preschool curriculum, assistive technology; and community and electronic resources specific to the child's disability.

When evaluating an infant or toddler with a physical impairment, the State criteria may need to be interpreted in such a way that it applies to their early age and unique educational environment. The following chart may offer some helpful suggestions when attempting to translate the criteria and determine eligibility for this age group.

<b>PI Criteria Sub-Item B</b>	<b>Language from Rule</b>	<b>Interpretation for children Birth to Five</b>	<b>Yes/No</b>
1.	Lack of functional level in organizational or independent work skills	Lack of functional level in developmentally/age appropriate play skills (approach, initiation, engagement, attention to activity or person)	<b>Yes/No</b>
2.	Inability to manage or complete motoric portions of classroom tasks within time constraints	Inability to manage or complete motoric portions of developmentally/ age-appropriate learning/play tasks within time constraints	<b>Yes/No</b>
3.	Physical impairment interferes with educational performance as shown by an achievement deficit of 1.0 SD or more below the mean on an individually administered nationally normed standardized evaluation of the pupil's academic achievement.	Physical impairment interferes with developmental performance as shown by an achievement deficit of 1.0 SD or more below the mean on an individually administered nationally normed, standardized evaluation of the student's achievement; using a test appropriate to the age of the child being evaluated.*	<b>Yes/No</b>

\* Check with your ECSE coordinator for appropriate evaluation tools.

### **Evaluating Students with Physical Impairments and Developmental Cognitive Disabilities: Considerations for SMI Qualification**

Students who qualify for Severely Multiply Impaired (SMI) must meet criteria under two or more specified special education categories, one of which may be Physically Impaired. The purpose of the following information is to address the unique evaluation and service delivery needs of students

who qualify for SMI under the categories of PI and DCD-Severe/Profound. Students who meet criteria under these 2 categories generally receive special education instruction and services in a variety of settings, including classroom environments which provide individualized instruction and a full-service continuum of trained special education teachers and related services staff. These educators typically have extensive training and experience in working with students who have co-existing physical and cognitive impairments.

Given such settings and instructional expertise, IEP services from the P/HD teacher is often defined as low level indirect support to the team members as it relates to:

- ❖ Identifying modifications or adaptations to allow maximum physical access to the educational environment or curriculum
- ❖ Offering suggestions on materials that may support the physical needs of the student
- ❖ Suggesting educational, community, or health/medical resources often aligned with addressing the needs of individuals with physical impairments
- ❖ Offering a unique educational perspective gained through years of professional development and experience with students who have physical impairments

Low level indirect support is frequently defined as a service schedule that occurs quarterly, semi-annually, or annually, depending upon the student's individual educational needs. Minnesota Rule states that P/HD teachers should be invited to and participate in the annual IEP meeting and serve as a member of the evaluation team when conducting initial evaluations and re-evaluations.

### **Summary of Considerations for PI/SMI Qualification**

- 1) Referrals for the inclusion of the P/HD specialist in evaluations and re-evaluations should occur when the team suspects the presence of a physical impairment or confirms that there is documentation of a medically diagnosed physical impairment in the student's school file. Additionally, the student is noted to have significant cognitive deficits. The PHD teacher should be included on the evaluation plan and involved in the eligibility determination discussion.



- 2) If the student qualifies for special education services under the DCD-Severe/Profound and PI categories, the team shall determine that a student is eligible as being severely multiply impaired (see SMI criteria below).
- 3) Unless otherwise recommended, the assigned P/HD teacher would provide low-level indirect consultation services to the team such as attendance at annual IEP meetings, and consultation on issues related to curriculum or environmental access and evacuation planning. The P/HD teacher would participate in future reevaluations as well.
- 4) When documenting the SMI category on the student's IEP, it is recommended that the qualifying categories also be clearly identified, along with supporting rationale.

### **MN Rule 3525.1339 Severely Multiply Impaired**

#### **Subp. 1. Definition**

"Severely multiply impaired" means a pupil who has severe learning and developmental problems resulting from two or more disability conditions determined by an evaluation, as defined by part [3525.2710](#).

#### **Subp. 2. Criteria**

The team shall determine that a pupil is eligible as being severely multiply impaired if the pupil meets the criteria for two or more of the following disabilities:

- A. deaf or hard of hearing, part [3525.1331](#);
- B. **physically impaired**, part [3525.1337](#);
- C. developmental cognitive disability: severe-profound range, part 3525.1333;
- D. visually impaired, part [3525.1345](#);
- E. emotional or behavioral disorders, part [3525.1329](#); or
- F. autism spectrum disorders, part [3525.1325](#).

**Statutory Authority:** MS s 120.17; L 1999 c 123 s 19,20

**History:** 16 SR 1543; L 1998 c 397 art 11 s 3; [26 SR 657](#)

## **Evaluation Tools Designed for Students with Physical Impairments**

The evaluation tools referenced below can be found in their entirety on the Statewide P/HD Wiki. For more information about the Wiki or any of the tools below, contact the Statewide PI specialist.

### **Organizational and Independent Work Skills/Motor Skills Checklist for Students with Physical Impairments**

The Organizational and Independent Work Skills/Motor Skills Checklist for students with physical impairments was designed for use with students of all ages and assists the team in determining if a student meets special education criteria in the categorical area of Physically Impaired. The checklist has been customized to reflect typical age/grade ranges and have been carefully developed, used and revised by Physical/Health Disabilities teachers for many years, with periodic ongoing revisions. In addition to utilizing this tool in an evaluation or re-evaluation to assist in determining initial or ongoing eligibility for services, the OIWS/MS Checklist may also provide educational team members with important data useful in developing IEP goals and objectives as they relate to the areas of organizational and independent work skills.

Each checklist (with the exception of the Infant/Toddler Checklist) specifically addresses the categories of Organizational Skills, Work Skills, and Motor Skills, which align with MN State Criteria for the Physically Impaired category. A rating scale provides a spectrum of possible responses from educators, parents/guardians, and the student if appropriate, as well as space for documenting comments and/or adaptations that are currently being provided. Respondents are also asked to document concerns in the areas of academic performance, school or classroom attendance, social skills acquisition, and peer relationships; and accommodations or modifications that are routinely in place for the student. The individual checklists are categorized as follows:

- ❖ Infant and Toddler
- ❖ Pre-Kindergarten and Kindergarten
- ❖ Elementary
- ❖ Middle School/High School
- ❖ Transition (post-high school)

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NOTE: Fillable PDF version of these checklists can be found on the Minnesota Low Incidence Projects website, and templates can be found in the Appendices of this manual.

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### **P/HD Self Advocacy and Disability Awareness Checklist (SADAC)**

The Self Advocacy and Disability Awareness Checklist is designed to be used with students who have physical impairments. It is an informal evaluation tool used to gather information regarding a student's self-advocacy skills and disability awareness. Self-advocacy skills allow individuals to recognize individual rights and abilities, identify when help is needed, and to know when and how to appropriately ask for support. This promotes a sense of control in their world and assists in developing healthy self-esteem. This tool is designed for students from elementary through transition age and combines two separate checklists. It allows the educator and student to identify areas of strength and need as they relate to self-advocacy and disability awareness, and how those strengths can be used to address educational needs. This tool may also be helpful in developing IEP goals, objectives, and accommodations in the educational setting.

### **Compensatory Skills Checklist for Students with Physical Impairments**

The Compensatory Skills Checklist can be utilized by the P/HD teacher to document the progress of students with physical impairments from Pre-Kindergarten through 12th grade and/or transition programming. Its simplicity and structure lends itself to a variety of applications. Evaluation of student progress is indicated by recording the level of achievement for each individual goal. Ongoing data collection offers opportunities to periodically re-evaluate student progress and provide information that is needed for the development of instructional activities and goal development. This tool may also be helpful in providing documentation of where a student is performing in the functional skills areas and assists in the transition process when students move from one educational setting to another.

The components of this tool include the following:

- I. Understanding Disability
- II. Self -Advocacy Skills/Resources
- III. Use of Technology

- IV. Organizational/Independent Work Skills
- V. Interpersonal Skills
- VI. Functional Motor Skills

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NOTE: The P/HD Self Advocacy and Disability Awareness Checklist and the Compensatory Skills Checklist for Students with Physical Impairments were initially developed by the Intermediate District #287 Itinerant Physical/Health Disabilities Program for use with students served by their program, and later shared with P/HD teachers across the state.

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## Part 7: Considerations for Service Delivery

### Overview

Service delivery for P/HD teachers is often defined as consultative and itinerant, although some districts continue to utilize the direct service model to a limited extent. Service delivery models are determined at the local level. However, the general framework and definition of special education services is defined by Minnesota Rule:

- 1) **Direct:** Defined as special education services provided by a teacher or related services professional when the services are related to instruction, including cooperative teaching. (M.R. 3525.0210 subp. 14)
- 2) **Indirect:** Defined as special education services which include ongoing progress reviews; cooperative planning; consultation; demonstration teaching; modification and adaptation of the environment, curriculum, materials or equipment; and direct contact with the pupil to monitor and observe. Indirect services may be provided by a teacher or related services professional to another regular education teacher, special education teacher, related services professional, paraprofessional, support staff, parents, and public and nonpublic agencies to the extent that the services are written in the pupil's IEP or IFSP. (M.R. 3525.0210 subp. 27)

### Direct Service

The IEP team, including the P/HD teacher, may recommend the provision of direct services to a student who has qualified for special education services under the PI category. Most often, such direct service is provided on a limited basis, and only when there is clear instructional need that is directly related to the physical impairment; and/or when there are unique instructional methods/skills required that no one else on the educational team can replicate and can only be provided by the P/HD teacher.

When providing direct services, the P/HD teacher and the educational team should always consider a collaborative instructional model whenever possible, involving other classroom staff in the instructional process. This level of partnership is critical, whether it involves an academic curriculum area or instruction in organizational strategies, work completion, or self-

advocacy. Such collaboration and team teaching will allow a smoother transition of direct services to educational staff who are present in the classroom or school building on a daily basis and can provide the needed instruction in a consistent and informed manner.

It is required that the team consider the service timeline for P/HD teacher services during the initial and annual IEP meetings and provide documentation on the IEP that clarifies when direct services begin and end, as well as providing rationale for this timeline. Some factors that may influence this timeline include the need for staff in-service training, and the customized pace and support for student skill attainment.

### **Indirect Service**

Determining the level and type of instruction and services should be guided by student needs, goals and objectives, and should be seamlessly integrated within the school day. All team members must work together collaboratively on an ongoing basis, which can be challenging when a team member is not in that school setting every day. Given the assumption that many P/HD teachers have an itinerant role and serve many schools, it is important to maintain professional connections and utilize available modes of communication. Many districts also require staff to maintain documentation of student services, email, and phone calls as they relate to professional job responsibilities. Sustaining open communication and providing documentation of services is a vital and necessary way of staying connected to the students, families and educational teams.

### **Evidence-Based Practices**

Evidence-based practices incorporate what is known through current research and is complemented by the experience and knowledge of the practitioner, with the goal of achieving desired outcomes for the student within the educational program. Using evidence-based practices requires the educator to stay current with research in the field and can include any of the following methods or activities: Active participation in graduate level studies; subscribing to and reading professional journals; participating in study groups and/or discussions with other professionals in the field; and membership in professional organizations or communities of practice. Evidence-based practices also suggest that educators continuously evaluate their current practices with regard to the use of curriculum, evaluation tools, learning and instruction, and inform the direction and related activities of the Statewide P/HD Community of Practice



## Writing the IEP: Goals and Objectives

IEP goals and objectives must be based on the identified educational needs that were linked to the medical diagnosis in the evaluation report. Areas of need often extend beyond the academic domain and are critical to the development of independence in the educational environment. Some examples may include:

- ❖ Organization and planning
- ❖ Independent work completion
- ❖ Self-advocacy skills
- ❖ Fine and gross motor skills
- ❖ Disability awareness
- ❖ Problem solving and reasoning
- ❖ Independent use of assistive technology and adaptive equipment

Some students have conditions that are progressive in nature (e.g., Duchenne Muscular Dystrophy). This may result in difficulty in writing goals and objectives that reflect an increase in skills or independence with motor tasks. Rather, the goals and objectives could focus on the student's ability to understand the implications of his/her diagnosis, direct others to meet his needs, and identify and use available accommodations and resources. In such situations, it may be helpful for the team to consider the implications of the prognosis and to be realistic about outcomes. The goals and objectives may need to be revised if the student's medical condition changes significantly over the course of the school year.

## Accommodations and Modifications

For students qualifying under the PI category, accommodations and modifications are a critical component of the IEP and require careful team consideration and advisement from the P/HD teacher. A clear understanding of the student's needs as related to the physical disability is a necessary first step.

The Individuals with Disabilities Education Act has been reauthorized several times since 1975, most recently in 2004. IDEA 2004 uses the term "accommodations" to describe changes to the ways students learn and are

tested. Other similar definitions suggest that an accommodation is a change that helps a student overcome or work around challenges imposed by the disability.

Specifically, an **accommodation** includes:

- ❖ Supplementary aids and services to be provided to the student
- ❖ Classroom and testing accommodations
- ❖ Supports for school personnel to address the needs of the student with disabilities
- ❖ Individual accommodations with state or district student testing

Some examples of an **accommodation** may include:

- ❖ Emergency evacuation plans
- ❖ Individualized Health Plan
- ❖ Modified school schedule
- ❖ Access to adaptive equipment and assistive technology
- ❖ Testing accommodations
- ❖ Extended assignment due dates
- ❖ Alternate response formats
- ❖ Additional adult support
- ❖ Alternate bus transport
- ❖ Alternate instructional setting (home, hospital)

A **modification** is often defined as a change in what is taught to or expected from the student. Adapting or modifying the content, methodology, and/or delivery of instruction is an essential component of special education and should be carefully considered by the educational team before implementation, particularly if the student's educational needs are complex. For this reason, P/HD teachers receive specialized training in how best to customize curriculum, materials and/or instruction, allowing them to meet the unique needs of the student with a physical impairment.

Some examples of a **modification** may include:

- ❖ Modified curriculum content
- ❖ Modified content for classroom assignments and tests
- ❖ Modified grading
- ❖ Modified course requirements
- ❖ Modified district and state testing requirements

### **Statewide Assessment for Students with Disabilities**

The *Every Student Succeeds Act* (ESSA 2015), which preserves much of the structure of the previous No Child Left Behind (NCLB) Act, expands the context for setting goals for student achievement within the federal framework using a variety of measures, including methods to encourage growth through improvement or recognition in our schools. Statewide testing continues to be an important and necessary method for measuring student performance and continues to be a mandate for Minnesota schools. Students with disabilities are an important part of this endeavor and will continue to participate in statewide assessments or an appropriate alternate assessment. An alternate assessment is designed exclusively for use with students who receive special education services and is a way for states to measure the achievement of these students based on alternate achievement standards. For more information on statewide testing and accommodations, refer to the Minnesota Department of Education website, or contact your local district office.

## Part 8: Key Services and Supports in the Educational Setting

### Key Services and Supports for Students with Physical Impairments

Educational teams are made up of many critical service providers who, through strong collaborative efforts, create meaningful and high quality educational programming for students with physical impairments. Because of the unique and sometimes complex physical, health and learning needs of these students, educational teams can sometimes be quite large and potentially intimidating for families. Such a situation often requires a skilled and knowledgeable case manager with strong interpersonal communication and group facilitation skills.

All members are valued team participants and expected to bring their own professional expertise and knowledge to the table. Some of these essential roles are described below.

### Related Services

Related services are designed to support the student's special education program and provides a broad range of expertise and knowledge to assist the school team in meeting a student's individualized needs. Related services may include:

- ❖ speech-language pathology and audiology services
- ❖ interpreting services
- ❖ psychological services
- ❖ physical and occupational therapy
- ❖ recreation, including therapeutic recreation
- ❖ early identification and assessment of disabilities in children
- ❖ counseling services, including rehabilitation counseling
- ❖ orientation and mobility services
- ❖ medical services for diagnostic or evaluation purposes

- ❖ school health services and school nurse services
- ❖ social work services in schools
- ❖ parent counseling and training

In addition, there may be other services that schools routinely make available under the umbrella of related services. The IEP team decides which related services a child needs and documents these services in the child's IEP.

### **Occupational Therapy (OT) and Physical Therapy (PT)**

Occupational therapy is defined as a related service provided by a qualified occupational therapist, and includes improving, developing or restoring functions impaired or lost through illness, injury, or deprivation; improving ability to perform tasks for independent functioning if functions are impaired or lost; preventing, through early intervention, initial or further impairment or loss of function. (Federal Definition 34 C.F.R. 300.24)

Physical therapy is defined as services provided by a qualified physical therapist. (Federal Definition 34 C.F.R. 300.24)

The student must first qualify for special education services under one of the primary special education categories and demonstrate a need for OT or PT services that are related to the documented disability. These services must also relate to and support the primary educational goals. In doing this, the team is determining that, without the expertise of the therapist as a team member, a student could not achieve the goals and objectives documented on the IEP.

### **Developmental Adapted Physical Education (DAPE)**

DAPE is defined in Minnesota Rule as “specially designed physical education instruction and services for pupils with disabilities who have a substantial delay or disorder in physical development.” (M.R. 3525.1352, subp.2) DAPE is not a related service. Minnesota Rule states that the student must meet specified criteria in order to qualify for DAPE services. In addition, the pupil must also meet criteria for a specific disability category such as Physically Impaired (PI), or early childhood special education.

Occasionally, a student may have DAPE listed as the only direct service on their IEP, a result of the student demonstrating no other educational needs other than those identified in the physical education class setting. However,

the student must also receive services from the teacher who is licensed in the qualifying disability category. (In the case of Physically Impaired, this would be the P/HD teacher.) As defined in Minnesota Rule 3525.2350, Multi-Disability Team Teaching Models, the P/HD teacher must then participate in the evaluation and IEP planning process, as serve as a member of the educational team. In such cases, the P/HD teacher will often conduct at least one of the classroom observations in the physical education class and determine if educational needs are sufficient enough to warrant qualification and meet criteria under the PI category. In addition to involvement in the evaluation and IEP planning process, the P/HD teacher must, at a minimum, also provide indirect services to the general or special education teacher providing instruction to the student.

### **School Health Services**

The school nurse plays an important role on the team when serving students with physical impairments. The school nurse may often serve as a member of the child study team and assist with the special education evaluation by providing a health record review, summarizing sensory and health needs, including hearing and vision screening results. The school nurse serves as a liaison with the family's physician or primary health care provider and may assist the team in obtaining required documentation of the medical diagnosis, as well as information pertinent to the diagnosis, and resources. The school nurse often contributes to the initial evaluation or reevaluation and addresses the relationship between the physical/health condition and the symptoms, which may have the potential to significantly interfere with general functioning in the school setting as well as academic performance. The school nurse may also assist the team in ongoing discussions that address physical fatigue and endurance issues, school attendance, health care procedures, nutrition, sleep patterns, medications and potential side effects, return-to-school protocols following hospitalization, etc. (See Part 5, *Referral and School Re-Entry* section in this manual.)

'School nurses determine plans and treatments specific to students' health, development and capabilities, and can include medication administration, nutrition, rest, communication and mental health interventions. More and more the care involves medical supports such as tracheostomies, ventilators, catheters, colostomies, limb braces, wheel chairs, respiratory care including oxygen, feeding tubes, insulin pumps and an increasing list of new devices. The school nurse determines if and when specific nursing tasks are delegated, and to whom, and provides training and supervision.' (Taken from: *An Overview: Minnesota School Health Services and School Nursing*



*Practice*, MN Department of Education, Safe and Healthy Learners, 2009.)

As a member of the team, the school nurse may be asked to attend IEP meetings to identify necessary health-related services or interventions provided during the school day. The specific nursing services or interventions should be listed in the Adaptations section of the IFSP or IEP. The amount of time that is necessary to address and meet the identified nursing services should be listed on the Services section of the IEP.

The school nurse often takes a lead role in creating *individualized healthcare plans (IHP)* for students with physical impairments who have a related health condition. Some conditions may require additional documentation and procedural information than what is typically found in an IEP. *An emergency care plan (ECP)* may be developed by the school nurse and the educational team if the student has a related health condition that may result in a medical emergency while at school. The school nurse may also assist the team when developing an emergency evacuation plan (EEP) if the health condition requires special consideration during school evacuations.

*Additionally*, the school nurse often assists in obtaining resources to meet the medical needs of students in the school setting, including space and privacy for specialized healthcare procedures, special supplies, or equipment. School nurses also work with other team members to provide educational opportunities that help students learn more about their condition and develop increased independence with self-care skills, and assist with in-service programs for teachers, staff, parents, and students.

For more information on school health services, the role of the school nurse, and other related topics, visit the Minnesota Department of Education website (search *School Health Services*).

## **Paraprofessional Services**

A paraprofessional is defined in Minnesota Administrative Rules as “a district employee who is primarily engaged in direct interaction with one or more pupils for instructional activities, physical or behavior management, or other purposes under the direction of a regular education or special education teacher or related services provider.” (3525.0210, Subp. 33)

When working with students with physical impairments, the role of the paraprofessional may vary and is often dependent upon the customized needs of the student and program structure. Some important considerations

for paraprofessionals who work with students with physical impairments include:

- ❖ Reinforce the use of appropriate social skills. Model methods for making appropriate choices and making and maintaining friendships.
- ❖ Set appropriate expectations and standards of effort for the students you work with as you would for other students their age.
- ❖ Let students know that you have high expectations for them. With consistent encouragement from others, students will have high expectations for themselves.
- ❖ Continually ask yourself, "Am I as far away as I can safely be in this case?" and "How much of this task can the student do without my direct assistance?"
- ❖ Encourage students to take cues from the person in charge, whether a teacher, a job supervisor, or a peer group leader.
- ❖ Although it is quicker, easier, and less frustrating for the paraprofessional to do a task, it is important to assist students in learning how to do their own work. We must remember that it is their work.
- ❖ Encourage students to assist each other when help is needed.
- ❖ Give students choices instead of telling them what to do or making decisions for them. Allow them time to think. Teach them how to think.

*Adapted from the Paralink. For more resources in the area of paraprofessional support, visit the Minnesota Department of Education website (search Paraprofessionals).*

## Part 9: Key Services and Supports in the Community Setting

(BIRTH THROUGH AGE 21)

### Overview

There are a number of community support services which may be available to students with disabilities of all ages, depending upon specific agency or program qualifications. A few of these programs and services are described below.

### CADI Waiver

Community Access for Disability Inclusion (CADI) is a federally approved waiver plan referenced in Minn. Stat. §256B.49 with support through county and state funding. The CADI waiver is intended to promote optimal health, independence, safety and integration of a person who would otherwise require the level of care provided in a nursing facility.

Eligibility requirements include the following:

- ❖ Eligible for Medical Assistance (MA)
- ❖ Under age 65 at the time of opening to the waiver
- ❖ Certified disabled by Social Security or the State Medical Review Team (SMRT) process
- ❖ Require the level of care provided in a nursing facility
- ❖ Has an assessed need for supports and services over and above those available through the MA State Plan

If determined eligible to receive CADI services, an individual can receive the full range of services covered by MA. These services include 24-hour emergency assistance, medically necessary hospital care, physician care, nursing services, prescription drugs, medical supplies and equipment, dental services, therapies, and medical transportation. Special services that are necessary to prevent nursing home placement may be available under CADI and include case management, adaptations to home vehicle, or equipment, homemaker services respite care, adult day care, family counseling and training, foster care, independent living skills, extended home health

services, assisted living, residential care services, home delivered meals, prevocational services, and supported employment services.

In addition to the CADI Waiver, there are other waivers available that are specific to the client's condition or type of need. To learn more about waivers, visit the MN Department of Human Resources website at <https://mn.gov/dhs/> or contact your local county agency.

### **Minnesota Health Care Programs**

The Minnesota Department of Human Services ensures basic health care coverage for low-income Minnesotans through four major publicly subsidized health care assistance programs. Minnesota offers three primary health care programs that ***may help families pay for medical costs.***

- ❖ Medical Assistance is Minnesota's Medicaid program for low-income families.
- ❖ MinnesotaCare is a subsidized health insurance program for Minnesota families who do not have access to affordable health care coverage.


In addition, Minnesota offers the following health care program options ***to cover the health care needs of children with disabilities.***

- ❖ TEFRA allows some children with disabilities who live with their families to be eligible for Medical Assistance without counting parent's income.
- ❖ Home and Community Based Waiver programs allow some children with disabilities who live with their families to be eligible for Medical Assistance without counting the parent's income.
- ❖ Medical Assistance for Employed Persons with Disabilities allows working children with disabilities who are at least 16 to qualify for Medical Assistance under a higher income limit.

To request services, an application form for the appropriate program must be completed. More information can be found on the MN Department of Human Services website at <https://mn.gov/dhs/> or contact your local county agency.

### **Personal Care Assistant (PCA) Services**

Personal care assistants provide services to individuals who need help with day-to-day activities to allow them to be more independent in their own



home. A PCA is trained to help persons with a variety of basic daily routines. Depending upon their circumstances, children and/or youth with disabilities and their families may benefit from and qualify for this service.

To find out more about eligibility requirements, service options, and how to schedule an assessment, families should contact their local county agency and request an initial assessment for PCA services.

## Part 10: Serving the Transition-Aged Student

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### Overview

Minnesota Rule 3525.2900 (Subp. 4) defines transition planning as the process that is initiated by grade nine or age 14 (whichever comes first) which provides the framework for planning the transition from secondary school services to postsecondary education and training, employment, and community living. This process should include a current evaluation and IEP which reflects current transition needs, as well as appropriate services and supports required to achieve those goals.

Preparing students with physical impairments for the transition to adulthood offers a unique set of questions and issues to consider, including aspects related to financial support, post-secondary training and learning, employment, residential options, transportation and social-recreational and leisure opportunities.

### Evaluation

To appropriately evaluate and plan for a student's transition to post-secondary settings, additional IEP team members or invited guests may be necessary and could include vocational education staff members and other community agency representatives. When addressing the transition needs of a student with a physical impairment, such agency representatives may include a county social worker, vocational rehabilitation services counselor, community rehabilitation /therapy staff, or vocational or residence program staff. Discussion will often focus on additional evaluation needs, such as:

- 1) Accommodations in vocational, community, or college settings
- 2) Driver's assessment and training
- 3) Qualifying for and setting up personal care attendant (PCA) services
- 4) Applying for community support services, such as:
- 5) CADI-waiver services
- 6) MN Health Care programs



7) Supplemental Security Income (SSI)

8) Subsidized housing

Identifying additional community and online resources are also an important part of the transition discussion, such as the MN Association of Centers for Centers for Independent Living (MACIL) and the MN Disability Law Center (MDLC).

Secondary transition evaluation results must be documented within the evaluation report. Current transition needs and goals, as well as instructional and related services identified by the evaluation team must be considered for inclusion in the IEP and documented accordingly. Some of these services and supports are explored in more detail on the following pages.

### **College Disability Services**

Section 504 of the Rehabilitation Act of 1973 and Title III of the Americans with Disabilities Act of 1990 (ADA) state that: *No otherwise qualified individual...shall, solely by reason of his or her disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance.* Because of this legal requirement, all post-secondary institutions which receive federal funding has at least one designated staff member who helps with modifications and accommodations for students with disabilities.

### **Modifications and accommodations for students with disabilities may include:**

- ❖ Removal of architectural barriers
- ❖ Provision of services such as readers for students with blindness, visual impairments, or learning disabilities; scribes for students with orthopedic impairments; and note takers for students with hearing impairments, learning disabilities, or orthopedic impairments
- ❖ Allowing extra time to complete exams
- ❖ Taking exams in a separate, quiet room
- ❖ Permitting exams to be individually proctored, read orally, dictated, or typed
- ❖ Permitting the use of computer software programs or other assistive

technological devices to assist in test taking and study skills

Not all colleges and universities use the term *Disability Services*, but all institutions of higher education which receive federal funding are required to offer supports for students with disabilities.

### **Supplemental Security Income (SSI)**

Supplemental Security Income (SSI) is coordinated through the Social Security Administration, and pays monthly checks to the elderly, the blind, and people with disabilities who meet income guidelines. SSI recipients often qualify for food stamps and Medicaid as well.

A disability is defined as having a physical or mental impairment that is expected to last at least a year or result in long term care. Children, as well as adults, can qualify for and receive benefits as a result of a disability if they meet criteria. Financial support may vary depending upon family income, net value, etc. To get benefits from the Social Security Administration, you must live in the United States as a U.S. citizen or other legal resident. Contact your local Social Security branch office or visit [www.ssa.gov](http://www.ssa.gov)

### **MN Vocational Rehabilitation Services (VRS)**

High school students with disabilities that affect their ability to plan and prepare for work may apply for transition services through the Vocational Rehabilitation Services (VRS) program. Services might include interest and ability testing, informational interviewing or career exploration services. Other services may include paying for materials and equipment, assistive technology, job placement support, and job-seeking skills training.

VRS recommends that a high school make a referral approximately 2 years before graduation, which involves the school case manager contacting the vocational rehabilitation counselor assigned to their high school. To qualify for services, the DVR counselor will review reports from the student's physician, school, or other outside agencies. The counselor may assist the student in creating an individualized employment plan that will help the student in making informed choices about their job goals, including which services will be needed and who will provide them. For more information, contact your local DVR counselor, or visit the link below and click on Youth and Young Adults: <https://mn.gov/deed/job-seekers/disabilities/>

## **Drivers' Assessment and Training**

A drivers' assessment/evaluation is designed to measure a person's ability to safely operate a motor vehicle. If a student has a disability and has not yet learned to drive, the assessment/evaluation might be their first step in determining their potential to drive a motor vehicle safely and independently. The evaluation will involve measuring visual, cognitive and physical skills, as well as the need for adaptive equipment, and will include a behind-the-wheel assessment. After completing a drivers' evaluation, recommendations will be given that may include drivers' training. Individual driver's training is based on the individual's needs and abilities in safely and independently operating a motor vehicle.

Individuals may access Drivers' Assessment/Evaluation and Training services through a variety of funding options, including private insurance and self-pay. Individuals who qualify for services through Vocational Rehabilitation Services may also access funds for this purpose if they qualify. For more information on available evaluation programs in your community, contact the local Department of Motor Vehicles agency.

## Part 11: Student Safety

### Emergency Evacuation Procedures

The Americans with Disabilities Act and the Rehabilitation Act require school districts to make reasonable accommodations for students with disabilities -- which must include making plans for a safe evacuation from the school setting. On July 22, 2004, President George W. Bush signed Executive Order 13347, Individuals with Disabilities in Emergency Preparedness, which adds to existing legislation policy to ensure that the safety and security of individuals with disabilities are appropriately supported, including the requirement that public entities such as schools include the unique needs of individuals with disabilities in their emergency preparedness planning. State law and local safety codes further set specific requirements for Minnesota schools.

The Minnesota Department of Public Safety-State Fire Marshal Division Statement of Policy notes acceptable alternate strategies for the evacuation of persons with mobility impairments from multi-story buildings, or customized lock-down procedures when there is an eminent outside threat (which results in later emergency evacuation of the building). Only when these guidelines have been met will the State Fire Marshal Division allow people to remain in a building during a drill or emergency evacuation situation.

The IEP team must consider, on a case-by-case and situation-specific basis, whether to develop an individual evacuation plan for each student with a disability, such as a fire or natural gas emergency, or a lock-down situation. The emergency evacuation plan must coordinate with the overall building/district evacuation plan. Special consideration must be given to multi-story buildings. In order to have "safe rooms" established within buildings, the school district must work with the local fire marshal.

During each drill, it is important that students, staff and other building occupants practice what they will do in an actual emergency. As stated in the rationale of the Minnesota Department of Public Safety, Statement of Policy, "some schools have separate procedures for drills and actual fires to prevent injuries. This can lead to confusion and potentially increase the risk of injury to building occupants during an actual emergency. There is a need to provide alternate strategies to complete building evacuation to minimize this risk of injury". If an IEP team determines that a safe room is the best option for a student, the team (including the parent/guardian and student)

must work closely with the school district and the area fire department to ensure safety procedures are properly followed.

### Steps to Consider

After the school determines that a student requires a customized emergency evacuation plan, and has reviewed the district plan, the team will need to determine the following:

1. **Who:** Responsible staff for escorting the student out of the building and/or down stairs (as well as back-up members in the event a designated staff member is not there or available)
2. **When:** Time frames/class schedules
3. **Where:** Class location, exits, etc. and the destination for the student
4. **What:** Special supplies, such as a transfer sling (e.g., Tuk-N-Kari), an extra manual wheelchair stored on the first-floor office area, packable Mylar 'space blanket', assistive technology device, whistle, flashlight, gloves in the event of wheels coming into contact with glass or debris, walkie-talkie or cell phone, etc.
5. **How:** Possible solutions:
  - Student follows evacuation plan procedure with minimal assistance/cues
  - Guidance/support by an adult (use of transfer belt for extra support)
  - Carries: two-person, fireman's carry, cradle lift, etc. (determined by individualized student need)
  - Transfer sling (e.g., Tuk-N-Kari)
  - Evac Chair
  - Stair Trak
  - Rescue room /Safe room
6. Additional Considerations:

- Copies of building map, written instructions and evacuation plan kept with emergency evacuation supplies
  - Evacuation training to staff prior to start of each school year, and periodic reviews/practice sessions throughout the year
  - Distribution may include: Administration, health services, fire department, IEP case manager/team members (including parent/guardian and student), classroom staff, substitute folders
7. **Approval of Plan:** As an important member of the school team, parents/guardians and the student should participate in reviewing the plan and providing input. Reviewing the plan with the student is critical, allowing the staff to reassure and familiarize them with the plan and procedure.

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NOTE: An example of an emergency evacuation plan is included at the end of this section. A fillable PDF form can be found in Part 16, Appendices.

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## General Lifting Techniques

Note: Verify techniques with a physical therapist who works with the student and/or provides support to the school staff.

### **Cradle Lift or One Person Carry**

1. Lock wheelchair brakes, undo belts and other restraints.
2. Stand beside the student with your feet apart.
3. Bend at your hips and knees, keeping your back straight.
4. Place one arm around the student's opposite arm.
5. Place another arm under student's thighs.
6. Lift student by straightening your legs.
7. Hug student close to your body.
8. Turn by moving your feet. DO NOT TWIST!



9. Lower student to the ground/surface by bending your hips and knees, keeping your back straight.

### **Two Person Lift from the Wheelchair**

1. Lock wheelchair brakes, undo belts and other restraints.
2. Place the student's arms over his/her chest.
3. One person stands behind, or if not possible, beside the wheelchair and puts his/her arms under the student's arms and grasps the student's forearms (lifter crossing his/her arms if possible, i.e. cross chest hold as above). If unable to grasp the student's forearms, lifter should grasp his/her own wrist.
4. The other assistant stands in front of the student and lowers self by bending hips and knees.
5. The person in front grasps the student under the knees with both arms.
6. The person lifting the upper body counts: "1-2-3-lift".
7. On "lift", the student is lifted out of the wheelchair.
8. Lower student to the ground/surface by bending your hips and knees, keeping your back straight while counting "1-2-3-down".

### **Additional Resources**

Additional resources on the topic of school emergency evacuation procedures can be found on the MN Low Incidence Projects website, including a link to a document entitled, *Emergency Planning for Students with Special Needs*, created by the Region 10 Low Incidence Projects.

### **Transporting Students with Physical Impairments**

Taken from: *A Provider's Guide to Transporting Students with Disabilities*; Published by the MN Department of Education (Formerly the MN Department of Children, Families and Learning at the time of publication)

## **Driver Training:**

### **What additional training is required for a bus driver who transports students with disabilities on a special transportation route?**

One of the competencies required of bus drivers in Minnesota statute is an understanding of student behavior, including issues relating to students with disabilities.

In addition, Minnesota law (M.R. 7470.1700, Subp. 3) requires that each driver:

1. Be instructed in basic first aid procedures for the pupils under their care
2. Within one month after the effective date of assignment, participate in a program of in-service training on the proper methods of dealing with the specific needs and problems of pupils with disabilities
3. Assist pupils with disabilities on and off the bus when necessary for their safe ingress and egress from the bus
4. Ensure that protective safety devices, as required in M.R. 7470.1600, Subp. 6, are in use and fastened properly

Furthermore, it is recommended that a driver of any route that includes students with disabilities receive appropriate training as noted in the Department of Public Safety Rules.

## **Wheelchair Orientation:**

### **What are the requirements for a forward-facing or side-facing wheelchair orientation on a school bus?**

Types A, B, C and D school buses manufactured after January 1, 1995, must have wheelchair securement devices in a forward-facing orientation. Types A, B, C and D school buses manufactured before January 1, 1995 may have either a forward -or side-facing wheelchair orientation. Type III school buses, no matter when they were manufactured, may have either forward- or side-facing wheelchair securement devices. (See M.S. 169.4504.)

## **Wheelchair Tie-Downs:**

### **Are there requirements for how a wheelchair should be securely fastened inside the bus?**

Whether side-facing or forward-facing, all wheelchairs must be securely fastened in a fixed position to prevent movement. This securement system must utilize a four-point tie-down design. In addition, each wheelchair location must have an occupant restraint system. This system must be attached to the bus body either directly or in combination with the wheelchair securement system. (See M.S. 169.4504, subd. 3-4.)

The information provided in this document does not constitute legal advice. School districts should seek legal counsel as necessary.

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NOTE: A fillable PDF version of an Emergency Evacuation Plan form can be found on the Minnesota Low Incidence Projects website and a template can be found in the Appendices of this manual.

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## **Part 12:** **Administrative Considerations: Supporting the P/HD Teacher**

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### **Recruitment and Retention**

As a result of being affiliated with a low incidence area, there may be occasional teacher shortages in the licensure area of Physical/Health Disabilities around the state, particularly in the rural regions. Schools are urged to encourage prospective or current special education teachers to pursue licensure in Physical/Health Disabilities. Teachers who demonstrate effective communicative, organizational and time management skills, as well as an ability to work effectively with others would be considered strong candidates for an itinerant P/HD teacher position.

A job description provided to potential candidates should outline the unique responsibilities of the position, including required qualifications, areas of responsibility (including workload and itinerant school or district assignment), professional expectations, and a supervisory hierarchy. In addition, candidates should be made aware of performance review schedules, district expectations and policies, and their responsibilities identified under state and federal law. The framework for traditional performance reviews may need to be revised to reflect the unique role of an itinerant low incidence specialist.

There are many factors contributing to the retention of P/HD teachers in local school districts. Some of these factors include the ability to provide adequate mentoring or coaching from a similarly licensed professional; good working conditions; manageable workload (in terms of student numbers and geographical assignments); opportunities for professional growth through attendance at a variety of professional development activities such as regional and statewide P/HD community of practice meetings and local and statewide conferences; flexible scheduling; competitive salaries and benefits; and opportunities for professional collaboration.

### **P/HD Tuition Support Program**

The MN Low Incidence Projects continues to offer partial tuition support to graduate level special education teachers interested in pursuing P/HD licensure, which has significantly improved the availability of licensed candidates in recent years. The P/HD Tuition Support Program is funded through state and federal grant dollars awarded by the Minnesota Department of Education. Interested applicants are required to complete an

application and complete required courses through the MN State University-Moorhead (MSUM), the only P/HD teacher licensure program now available in our state.

For more information on the P/HD Tuition Support Application process, visit the MN Low Incidence Projects website.

### **Practicum Teacher/Cooperating Teacher Experience**

There is a long-held belief that it is the professional responsibility of teachers to support the education of practicum (student) teachers whenever possible, thereby continuing to strengthen their professional community. It is the hope that this philosophy is supported by every school administration.

The practicum student's university is responsible for establishing a contract or written agreement that outlines the responsibilities of each party, i.e., liability coverage, standards of performance, expected outcomes and competencies, etc. Supervision of practicum teachers offers advantages for both the tenured teacher and the school district through the sharing of current information and resources, earned CEUs, and opportunities to dialogue with colleagues in higher education.

Factors influencing the choice of a cooperating teacher (who provides onsite supervision) should include years of teaching experience, an interest in participating, sufficient time to serve in this role, and a commitment to maintaining current evidence-based practices. A cooperating teacher should follow his/her district policy with regard to notifying parents or guardians about the involvement of a practicum teacher in their child's educational program.

### **Professional Mentorship for the P/HD Teacher**

The loss of qualified special education teachers is a significant barrier to ensuring that the federal mandate of a free appropriate public education is provided to all of Minnesota's students identified as meeting special education criteria. Teachers are particularly vulnerable to attrition early in their careers or when making major changes in their assignments.

Research suggests that participation in well-designed and well-implemented professional mentorship and coaching programs can provide educators with the kinds of information, support, and connection to professional communities that may strengthen the start or continuation of their careers. Most school districts currently run successful mentoring and coaching programs at a local level, providing educators with assistance from a broader

special education perspective. Practitioners in a low incidence disability area such as Physical/Health Disabilities can benefit from such opportunities, but also have very specific and unique needs that require the assistance of educators who are experts in the same low incidence field.

In an effort to strengthen Minnesota's support for educators in the Physical/Health Disabilities field, statewide professional mentoring programs for P/HD teachers new to the field, as well as coaching programs for experienced P/HD teachers began in the 2003-2004 school year and continue to the present day.

Some unique professional needs of a new P/HD teacher may include acquiring highly specialized knowledge and skills to serve their students; locating disability-specific resources and equipment; and adjusting to the isolation of working in a low incidence field, particularly in rural areas of the state. Minnesota's low incidence mentorship and coaching programs were designed to address such customized needs.

### **Continuing Education**

Supporting professional development opportunities is a mutual responsibility of both the teacher and the school administration. Given the consultative role of the P/HD teacher, such opportunities increase the amount of shared knowledge tenfold in a district, enabling many staff to benefit from the training. As with other Minnesota educators, P/HD teachers are required to complete 125 clock hours over a five-year period and should work with their administrator in satisfying this requirement.

P/HD teachers are strongly recommended to actively participate in regional and statewide P/HD Community of Practice meetings (offered on site and virtually), which meet throughout the year. P/HD CoP meetings address a broad spectrum of topics and issues relevant to the work they do, including current and evolving evidence-based practices, developing or revising tools and resources, and improving collaborative service delivery models through technology, many of which are unique to the itinerant P/HD field.

### **Workload Considerations**

Because of numerous variables, determining consistent and fair caseload or 'workload' numbers for itinerant low incidence special educators has long been a challenging task for administrators. There are many job activities that make up a typical itinerant P/HD teacher's day, including many of the following:



- 1) Indirect services: Consulting with other team members; conducting in-services
- 2) Direct services (less frequent): Working with a student on a specific skill
- 3) Student evaluations and reevaluations: Evaluating a student, meeting with other team members, writing report, attending evaluation share meeting
- 4) Meetings: IEP, team, and local school meetings
- 5) Ongoing communication: Phone calls, email
- 6) Documentation: Student logs, IEP progress, travel documentation
- 7) Travel between schools
- 8) Set-up and trial use of technology
- 9) Modifying curriculum, materials, and equipment
- 10) Program planning, schedule development
- 11) Professional development activities
- 12) Investigating/updating resources and agency information
- 13) Professional mentorship activities (both general/local and licensure-specific)

To assist in the task of determining what a fair and consistent caseload might be, the Minnesota Department of Education created guidelines in past years, but has now left such decision-making to local districts, recognizing that many factors can influence caseloads. Administrators have utilized a variety of methods to determine caseloads, such as comparing caseloads in similar settings and geographical locations; creating customized formulas and ratios or asking P/HD teachers to accommodate existing service delivery needs. Whatever the method of determining caseloads, it's clear that overly large itinerant workloads can have a negative impact on the quality of services to students and their families and may ultimately have a detrimental effect on the itinerant educator's job satisfaction and retention in the field. As school administrators consider student and program needs

across settings, buildings, and districts, the hope is that they will be better able to analyze the relative workloads of educators and respond proactively to the changing landscape of low incidence disability needs and services.

### **Instructional/Office Space, Equipment and Supplies**

When appropriate, the itinerant P/HD teacher should be provided with instructional space to work with or evaluate students, as well as office space to complete such work-related tasks as writing reports, meeting with colleagues, making phone calls, sending email, modifying materials, customizing curriculum, etc. Since the itinerant P/HD teacher is often at multiple sites on any given day, building administrators should work with their staff to designate adequate space for itinerant educators. All itinerant staff should have a primary 'home base' and be provided with their own desk, computer/laptop, internet access, phone, locked file drawer(s), equipment storage, and access to clerical support and professional resources.

### **Professional Supports and Resources**

P/HD teachers are strongly encouraged to participate in and/or utilize available professional staff development opportunities and/or resources, such as:

- 1) Regional P/HD Community of Practice: Contact your regional low incidence facilitator (RLIF) to learn more.
- 2) Statewide P/HD Community of Practice: Contact the Statewide Specialist to join and/or learn more.
- 3) Annual Charting the Cs/Cross-Categorical Conference: An annual statewide conference for low incidence special educators. Registration information is posted annually on the Statewide P/HD Mailing List.
- 4) Statewide P/HD Mailing List: (Previously known as the P/HD List Serve.) For information on subscribing, visit the MN Low Incidence Projects website, or contact the Statewide PI Specialist.
- 5) Statewide P/HD Wiki: An online site for P/HD teachers in Minnesota to share resources and information unique to their professional field. For information on subscribing, contact the

Statewide PI Specialist.

- 6) MN Low Incidence Projects Website: An online resource for educators who are involved with providing educational services to students with physical impairments.  
[www.mnlowincidenceprojects.org](http://www.mnlowincidenceprojects.org)
- 7) Statewide 'Judy Wolff' Library: A variety of professional journals, DVDs, books, technology, and other resources available at no cost to educators and families; users are required to register before checking out materials. For more information, visit the MN Low Incidence Projects website.

## Part 13: Frequently Asked Questions (FAQ)

### Student Evaluation and Qualification

#### **1. How does the P/HD teacher become involved in the identification of a student with a physical impairment?**

The P/HD teacher should be involved in the development of the evaluation determination plan when a student has a documented medical diagnosis of a physical impairment and there are possible related educational concerns. A teacher licensed in the disability area being considered must be included as a member of the evaluation team. The P/HD teacher's role during the evaluation is to assist the team in determining whether the student is in need of special education services; and to participate in the development of an Individual Education Plan, or IEP. An evaluation of a student who is physically impaired addresses the same areas found in a typical evaluation and follows the same due process procedures as all other areas of special education. The State Criteria for Physically Impaired states that a P/HD teacher must complete at least one of the evaluation observations. Additionally, Minnesota Rule 3525.2350, Subp.3 (Multi-disability Team Teaching Models) states: "*The team member licensed in a pupil's disability shall be responsible for conducting the pupil's evaluation and participating at team meetings when an IEP is developed, reviewed, or revised.*"

#### **2. If there is documentation of a medical diagnosis resulting in a physical impairment, does this automatically mean that a student needs special education services and would meet the special education criteria under the PI category?**

No. A student with a medical diagnosis that results in a physical impairment does not always require special education services in order to be successful in school when provided a free appropriate public education, or FAPE. The documented medical diagnosis is only one part of the Physically Impaired criteria. The student must also meet one of the components under Part B of the criteria to qualify for special education services. There are some students with a medically diagnosed physical impairment who may utilize accommodations, are academically successful in the school setting, and do not require special education services. These students may be most appropriately served under a Section 504 Rehabilitation Plan, which documents the

accommodations necessary for successful participation in the general education setting.

**3. Which health care providers can diagnose a physical impairment for the purpose of meeting Subpart 2 (A) of the MN State Criteria for Physically Impaired?**

In addition to other requirements, Minnesota Rule 3525.1337 states, “There must be documentation of a medically diagnosed physical impairment” in order for the school team to consider eligibility under the Physically Impaired criteria. The Minnesota Department of Education clarified in 2016 that *“a diagnosis from a medical doctor is not specifically required in the PI criteria. In looking at Minnesota Rule and the Minnesota Department of Education SONAR (Statement of Need and Reasonableness), we see no clear intention or indication to only permit physicians to provide the needed diagnosis or to exclude non-physician diagnosticians, such as advance practice registered nurses (APRNs) or physician assistants (PAs).”*

As stated above, APRNs and PAs are two examples of health care providers whose professional scope of practice allows them to diagnose medical conditions for the purpose of providing the necessary medical documentation required to meet Subpart 2 (A) of the PI Criteria. However, it should be noted that responsibilities performed by a physician assistant can vary by medical specialty and by the supervising provider’s preference as to how independently the PA functions within the scope of their practice. If a school team has any questions regarding whether a practitioner’s professional scope of practice would allow them to provide documentation of a medical diagnosis, they should contact that practitioner for clarification.

**4. The PI Criteria describes the inability to manage or complete motoric portions of classroom tasks. Could the gymnasium be considered a classroom?**

Yes. Physical education is an academic area with specific curriculum, and the gymnasium is the classroom where the instruction takes place, just as other curriculum such as reading or math is delivered in the traditional classroom. For younger or home-schooled students, their classroom could be their home or community settings.

## **5. How is Physically Impaired (PI) different from Other Health Disabilities (OHD)?**

While both criteria require a medical diagnosis, the student with a physical impairment has a diagnosed chronic physical impairment, congenital or acquired, that adversely affects physical or academic functioning. The student with a health disability has a chronic or acute health disability which impacts their school functioning. A physical impairment is different from a chronic health impairment, although many students with a physical impairment may also have secondary health issues related to their medical condition. If the health disability is related to or is caused by the physical disability and the student meets PI criteria, the team should consider PI as the primary category. However, many situations where both physical and health conditions exist can be complex and the decision should be left to the educational team when determining the primary or secondary category of eligibility. It should be noted that Minnesota no longer officially recognizes secondary categories identified on IEPs for state child count purposes, but some districts choose to exercise the option of using this designation on an IEP if they feel there is a need to reflect a more complex learner profile for educational planning purposes.

Another significant difference between the PI and OHD criteria is the requirement of including a P/HD teacher on the team that is serving a student with a physical impairment. There is no required teacher licensure for OHD; however, it is generally recommended that the educator should have 'knowledge and expertise' in OHD. There are certain situations where it may be appropriate for the P/HD teacher to be involved with a student who meets OHD criteria due to a chronic health condition that impacts learning (e.g., cancer, rheumatoid arthritis, cystic fibrosis, etc.), as P/HD teachers have expertise and training that would enhance the support provided to the student and the school team.

## **6. What about medical diagnoses that fall outside the spectrum of more traditional conditions which are typically associated with having a physical impairment?**

Because of rapid changes in the medical field and related technology over the past few years, the medical diagnostic process has become more complex, with ever-changing terminology. If the medical diagnosis appears to be the primary cause of a physical or motor impairment, then the educational team could consider the diagnosis for qualification purposes. Some examples are hypotonia, ataxia,



motor apraxia, developmental coordination disorder, static encephalopathy, etc.

Some conditions are so broadly defined that the team may want to have further discussions with the family and medical provider. For example, hypotonia is a medical term indicating the presence of low muscle tone and may be an accompanying descriptor of cerebral palsy. But it can also be associated with a number of other medical diagnoses or syndromes, and more medical information may be needed from the student's family for the evaluation team to determine if the student meets the criteria for physically impaired and/or other special education categories. If no other diagnosis is available that clearly defines the medical condition, the team may choose to consider hypotonia as a viable medical diagnosis for eligibility consideration (in addition to other criteria components).

Some conditions are more of a medical descriptor than an actual chronic medical diagnosis, such as prematurity or preterm birth, and Low or Very Low Birth Weight (LBW, VLBW), conditions which define when the baby was born, or the birth weight. In some situations, complications from prematurity and/or VLBW may lead to diagnosed medical conditions such as cerebral palsy; retinopathy of prematurity (ROP); bronchio-pulmonary dysplasia (BPD) and later lung disorders; hearing and/or vision impairments; and periventricular leukomalacia (which can result in intellectual/motor disabilities). If preterm birth or LBW/ELBW is the only medical documentation on record for a student, the team may want to encourage the family to discuss with their physician or health care provider whether additional medical diagnostic information is available that could assist the school in determining eligibility.

**7. How does a team determine the primary disability category when a student qualifies under two or more categories? When should a team consider the Severely Multiply Impaired (SMI) category?**

The primary disability has the most significant impact on the student's ability to participate in the educational setting. This can be a complex process, as some medical conditions can result in multiple and related areas of need, such as cerebral palsy. This condition could cause both physical and learning disabilities or cognitive impairments, leading the team to ask themselves which impairment interferes most with the student's ability to learn and participate in the educational environment. Some diagnoses can also present as both physical and

health-related conditions, again requiring the team to consider which has the most impact on educational functioning. One would rarely qualify a student under PI and Specific Learning Disabilities (SLD), or PI and Emotional or Behavioral Disorders (EBD), but in such situations, the team should carefully consider the rationale for such a decision.

In cases where a student may have both physical and cognitive impairments and adaptations to improve accessibility to the educational curriculum and environment are implemented, significant learning challenges stemming from cognitive impairment may still remain. In such cases, the IEP team may decide that the student would be best served under the Developmental Cognitive Disability (DCD) category, with PI as a secondary category. Or, in the case of a severe/profound cognitive impairment, the Severely Multiply Impaired (SMI) category may be considered. Under either special education category, students will have access to a wide array of related services to address all their educational needs related to their multiple disabilities.

**8. When an evaluation team is considering qualification for special education services under Physically Impaired criteria, are they required to qualify the student under (3) of Subp. 2 (B), which indicates the presence of an achievement deficit of 1.0 SD or greater, in order to receive academic support?**

No; only one of the criteria in Item B must be met. If an evaluation team determines that there is an educational need related to the disability in an academic area, it can be addressed regardless of whether the student meets this third component of the Physically Impaired criteria. The educational need must be established in the evaluation report and related to the disability. It's also important to remember that when we conduct individualized achievement testing, the environment is often free of distractions, untimed, and scripted, which may be significantly different from the student's day to day learning environment. For this reason, academic testing may not provide the full picture with regard to the student's functional academic performance. It's also important to give equal weight to observational data, classroom work, teacher interviews, functional skills checklists, etc., and reflect this important information in the evaluation report.

NOTE: Once the team determines that the student is eligible for academic support, this service should be provided by special education teacher(s) through a multidisciplinary team-teaching model.

## **9. Should cognitive ability testing be included in the evaluation plan for a student with a physical impairment?**

While the criteria for Physically Impaired does not include a cognitive ability component, a cognitive or intellectual evaluation may be considered by the team if there seem to be needs in the areas of information processing, memory, or other related higher learning modalities. This question will require careful consideration on the part of the team, and should take into account individual student needs, as well as the purpose for such testing. It is extremely important to remember that cognitive ability testing for students with physical impairments can be very challenging and complex, given the student's potential difficulty in performing motor and related speech tasks quickly and efficiently. Although movement challenges may call into question test reliability, informal clinical observations during testing may reveal insights into the student's processing and problem-solving capabilities. The evaluation planning team will need to carefully consider what information the ability testing will be able to provide; and if that information will be accurate and helpful in developing the student's educational plan.

### **Services**

#### **1. How early (at what age) can a P/HD teacher become involved with a student?**

The timing can vary, depending upon the student's educational needs, changing medical status, and current level of educational support. For students in Early Childhood Special Education (ECSE) programs, awareness of a medical diagnosis and related concerns about a student's physical capabilities may prompt a request to include a P/HD teacher on the evaluation team. Occasionally, this request may not occur until age 7 for children served under the Developmentally Delayed (DD) criteria, at which time students must be identified by a more specific special education category such as Physically Impaired. However, if an ECSE team would benefit from the expertise, knowledge and resources that a P/HD teacher can offer, it is strongly recommended that they pursue PI eligibility as early as possible.

NOTE: Minnesota Board of Teaching licensure language (8710.5800 Teachers of Special Education: Physical and Health Disabilities) was formally revised in 2016 to clarify the P/HD teacher's professional scope of practice and the age range they are licensed to serve. It now clearly defines the age range as "eligible children and youth from birth

through age 21” as compared to previously existing language, “Prekindergarten to Grade 12”. There continue to be a few teachers in the field who have a Physically Handicapped (PH) teaching license, which pre-dates the current P/HD license. Minnesota law stipulates that teachers with the Physically Handicapped (PH) license who are working with students birth to five years of age will need to insure they are part of a multidisciplinary team that includes an ECSE teacher in order to participate in the evaluation and service delivery for students with physical impairments who are below kindergarten age.

For more information on this and other aspects of a P/HD teacher’s role, see Part 4 in this manual, *Role of the Physical/Health Disabilities Teacher*.

**2. Is it possible for a student to receive only DAPE services on his/her IEP?**

No. If a student has qualified for DAPE services, this means that the student has also qualified for ECSE services or a primary special education category, as reflected by DAPE criteria. As a result, services from the ECSE or primary category teacher (such as a P/HD teacher) must also be included on the IEP, in addition to the DAPE teacher service. P/HD or other special education teacher services may be indirect and minimal in terms of frequency, but this would be determined by the team and based on evaluation results. A teacher licensed in the student’s qualifying category must also be involved in the initial evaluation, subsequent reevaluations, and annual IFSP or IEP meetings. This will ensure that the teacher representing the primary category continues to be an active team member and consults with the DAPE instructor and other team members on a periodic basis. For more information on this topic, refer to Part 8 in this manual, *Key Services and Supports in the Educational Setting*.

**3. Why would a student receive special education services under the Physically Impaired category if they have educational needs that would qualify them under the Specific Learning Disabilities (SLD) criteria?**

The SLD criteria has an exclusionary statement that indicates that the student with a motor impairment may not meet the criteria under the category of SLD. However, there may be unique situations where it is determined through evaluation that a student’s primary reason for significant underachievement is the result of a learning disability unrelated to the motor impairment. However, it should be established that the motor impairment is not the cause of the learning disability.

Such a student is in need of specially designed instruction related to the learning disability and not just adaptations or specialized instruction related to the physical impairment. If a student meets the criteria for both learning disabilities and physical impairment, there may be times when that student will be determined by the educational team to have a learning disability with a secondary disability of a physical impairment. It would be extremely rare for the reverse situation to occur where a student would have a primary disability of PI, with SLD as a secondary disability.

#### **4. Why are accommodations and compensatory strategies used with students with physical impairments, as opposed to teaching remediation skills?**

In some cases, providing adaptations or accommodations allows the student with a physical impairment more effective and independent access to learning tasks. Similarly, there will be situations when the student will utilize compensatory skills instead of continuing to pursue remediation strategies. A typical example would be the area of handwriting. Some students with physical challenges may never develop functional handwriting skills, even when provided with individualized instruction and/or related services such as occupational therapy. In such a situation, the student might utilize compensatory strategies available through assistive technology, such as word processing or electronic dictation. However, there may be situations where remediation is a viable option, depending on the individual student's skills. Do not assume that all students with physical impairments will use compensatory strategies for handwriting. Remember to document all adaptations on the IEP.

#### **5. How do we grade students with physical disabilities?**

The IEP team should follow the same educational guidelines provided for all students. If it is determined by the student's IEP team that the traditional grading system should be modified, such modifications should be clearly defined in the IEP. The IEP team may want to consider a continuum of options including a regular report card, a modified report card, or a narrative progress report that would be closely aligned with IEP goals and objectives.

#### **6. Are accommodations and modifications available for local and state assessments for students who are physically impaired?**

Yes. Some examples of accommodations which provide access to students who take the Minnesota Comprehensive Assessments (MCA)



include presentation, response, setting, or timing/scheduling accommodations. If a student requires modifications (which refer to practices that change, lower, or reduce learning expectations), the IEP team decides what those modifications will be and documents accordingly. This decision should be carefully weighed. A team may also determine if a student should take the Minnesota Test of Academic Skills (MTAS) as the most appropriate method of academic measurement. All assessment-related accommodations or modifications should be documented in the IEP. For more information on local testing, contact your district test coordinator. For statewide testing, visit the MN Department of Education website.

**7. At times, the amount of work that a student with a physical impairment can complete may not be commensurate with that of peers. What about quality versus quantity of work completion?**

It may be appropriate for a student to complete a reduced number of items to demonstrate mastery of a concept, a strategy that is frequently used when there are many repetitions of similar problems. Or the student may be asked to complete an assignment that may measure understanding and knowledge in a different but comparable manner. The need for such an accommodation may be a result of the student's rate of writing, other impaired motor skills, or slower processing speed. If an assignment is modified to the extent that it may no longer be reflective of grade level performance, it is important that the teacher be transparent about such changes to curriculum content, testing or grading.

**8. Should a student with a physical impairment learn to handwrite if the handwriting is unlikely to be an attainable functional goal? What about learning cursive writing?**

The skills and needs of each individual student should be considered when deciding if and how to provide handwriting instruction. After considering the student's skills, motivation or interest, the amount of instructional time required to teach handwriting, and the anticipated outcome of functionally mastering this skill, the team may choose to focus instructional efforts on learning assistive technology to supplement handwriting efforts. Sometimes, the student can develop functional handwriting skills to complete math assignments or short writing tasks such as making a list. When cursive writing is introduced, it may be more appropriate for some students to participate in a modified cursive writing curriculum so that he or she



can learn to read cursive writing and/or develop a signature. There are other alternatives to manual handwriting that are now available through technology, and should also be considered, including computer fonts that replicate a cursive handwriting style. Additionally, electronic signatures are now becoming a commonly accepted form on both informal and legal documents. For some students, cursive writing may be easier and more functional than manuscript writing.

**9. What are considerations for selecting alternative curriculum for students with physical impairments?**

The IEP team should consider the student's current level of performance in relation to his/her classroom, as compared to the academic expectations based upon evaluation results, ongoing assessment and classroom performance. At a minimum, considerations need to be given to written work production, reading ability, and processing time.

If a student has been involved in the regular academic curriculum with accommodations and adaptations for various educational needs and is not meeting classroom expectations for progress, the IEP team may determine that an alternative or functional curriculum woven within the classroom curriculum would better meet the academic needs of the student. For example, a student who is nonverbal, or has a highly phonetic approach to reading instruction may have significant challenges with traditional reading curriculum but may do well with a modified sight word curriculum that is supplemented by basic phonics skills.

**10. When is direct service provided to a student who qualifies under the PI category? Who can provide direct instruction?**

The need or appropriateness for direct service is an IEP team decision based on the student's needs and related goals and objectives. *Direct services," means special education services provided by a teacher or related services professional when the services are related to instruction, including cooperative teaching.* Minn.R.3525.0200Subp. 2b.

As defined in Minnesota Rule 3525.0210, students may receive instruction and related services from any or all of the team members with appropriate skills; consultation and indirect services by the teacher licensed in the student's disability category (in this case, a P/HD teacher providing service to a student who has qualified under the Physically Impaired category) must be provided to the general or

special education teachers providing direct instruction. This becomes an essential method of service delivery for such low incidence areas as Physically Impaired, as many P/HD teachers are itinerant and primarily or exclusively provide indirect consultation services. For more information on this and related service delivery topics, refer to Part 7 in this manual, *Considerations for Service Delivery*.

**11. P/HD teachers typically provide indirect service. What do indirect services entail?**

Indirect services is defined as “special education services which include ongoing progress reviews; cooperative planning; consultation; demonstration teaching; modifications and adaptation of the environment, curriculum, materials or equipment; and direct contact with the pupil to monitor and observe. Indirect service may be provided by a teacher or related service professional to another regular education, special education teacher, paraprofessional, support staff, parents and public and nonpublic agencies to the extent that the services are written in the pupil’s IEP and IFSP.” Minn. R. 3525.4700 subp.8c. For more information on this and related service delivery topics, refer to Part 7 in this manual, *Considerations for Service Delivery*.

**12. Who is responsible for assuring that adaptations and accommodations identified in the IEP are in place?**

The IEP manager is responsible for coordinating and communicating with team members as well as other teachers who work with the student to ensure that identified adaptations and accommodations are being implemented by school staff. Minn. R. 3525.0550 states that “the district shall assign a teacher or licensed related service staff who is a member of the pupil's IEP team as the pupil's IEP manager to coordinate the instruction and related services for the pupil. The IEP manager's responsibility shall be to coordinate the delivery of special education services in the pupil's IEP and to serve as the primary contact for the parent. A district may assign the following responsibilities to the pupil's IEP manager: assuring compliance with procedural requirements; communicating and coordinating among home, school, and other agencies; coordinating regular and special education programs; facilitating placement; and scheduling team meetings”.

**13. How could services provided by an educational paraprofessional be utilized with a student with a physical impairment?**

Based on the student's specific needs, the educational paraprofessional may provide physical assistance to facilitate optimal positioning, access to assistive technology and equipment, assistance with personal care needs, and to implement teacher-directed academic adaptations to educational activities. It is recommended that the paraprofessional foster a sense of independence and self-advocacy with the student whenever possible, as students with significant motor impairments are frequently dependent on others to assist with physical needs.

Fostering a sense of independence in a student can occur through increased decision-making, showing responsibility for working on and completing school assignments, as well as identifying needed accommodations and providing direction to the paraprofessional. If the paraprofessional is involved in academic activities, his/her role should be to reinforce concepts being taught by the classroom or special education teacher. Although the paraprofessional may carry out planned activities such as drill practice, the paraprofessional does not take the place of teacher interaction and instruction, nor should the paraprofessional provide initial instruction. The actual scope and sequence of instruction should be developed through the IEP team process and taught by a licensed teacher. It is vitally important that the paraprofessional does not work in isolation of professional support, but rather receive guidance from teacher(s) and/or the IEP manager.

**14. What are related services, and when are they necessary?**

Related services are necessary when there are barriers to skill acquisition as the result of a disability, and such services will assist the student in meeting educational goals. Depending on the individual needs of each student receiving special education support, related services may include occupational therapy, physical therapy, audiology, school health/nursing services, counseling or psychological services, speech pathology, therapeutic recreation, transportation, school social workers, interpreters, and more.

For more information on this topic, refer to Part 8 of this manual, *Key Services and Supports in the Educational Setting*.

**15. A student with a physical impairment typically has significant educational needs in the motor area. How does an IEP team maintain a balance between academic and motor needs when addressing the full school day, including functional movement, exercise, and activities of daily living?**

The IEP team should determine the educational priorities based upon the needs of each individual student. The team will need to consider the age of the student, the degree of physical involvement, long term goals for independence, and the 'cost' of the motor tasks in physical energy and time. For one student, the team may decide that independence in activities of daily living is an immediate or current priority, which may have an impact on the time available for academic instruction during a specific part of the day. In another situation, the IEP team may determine it is necessary to give priority to valuable classroom and peer experiences, while addressing physical activities during another part of the day. Such priorities often change throughout the student's school day or week, and indeed throughout their career. At minimum, such needs should be reviewed and discussed by the team on a regular basis.

**16. How does a health care provider's "prescription for service" influence IEP team decisions and service delivery?**

The Physically Impaired criteria requires documentation of a medically diagnosed physical impairment by a health care provider operating within their professional scope of practice. The information that is provided from the medical community is very valuable in providing this required documentation, as well as assisting in identifying and addressing health-related needs in the school setting. However, the acknowledgement of a health care provider's "prescription for service" can tempt teams to bypass mandatory due process procedures related to identification of educational needs and services. IEP teams clearly need to consider the medical information during the evaluation process and/ or development of the IEP, but health care providers, including physicians, are not in a position to determine educational placement or services, just as educators would not diagnose or prescribe medication.

**What is the school's responsibility in addressing specific therapy-related issues such as range of motion?**

The answer to this question is provided in a manual entitled, *OT and PT Services in the Schools- MN State Guidelines for Practice* (Third Edition, 2014) which states: "A child or family needs to be actively

involved in the life-long maintenance of range of motion. The school therapist can facilitate this by incorporating flexibility into naturally occurring activities at school, including positioning, dressing, personal cares, physical education and recreational activities.” Range of motion information can be helpful for baseline and assessment data, but when not connected to real life skills, it becomes less useful. Using terms such as exercise, strengthening, stretching, as well as those listed above bring a more understandable, pragmatic, educational focus to the IEP discussion.

**17. Do all students who meet qualification for criteria under the category of Physically Impaired require assistive technology to be successful in the educational setting?**

IDEA requires all IEP teams to consider assistive technology in planning for all students in special education, including students with physical impairments. Assistive technology often can increase functional skill levels and independence in the educational setting, but every student’s educational needs are unique. Both low and high forms of assistive technology should be considered when developing a plan for a student with a physical impairment. Determining accommodations, including those that involve assistive technology, is a team process. The Minnesota Assistive Technology Guidelines outline a process for consideration of assistive technology (SETT process) and is available on the Minnesota Department of Education’s website.

**18. Is it permissible to change or add to current IEP services when educational needs related to the specific academic area are not documented in the most recent student evaluation?**

**Example:** Special education services are initiated for a student who was evaluated and qualified for services under the PI category. Services initially focused on organizational and independent work skills. Later, it becomes apparent to the team that the student is also going to need some specialized instruction in math, which the team feels is related to his physical impairment. Does the team need to go back and conduct a re-evaluation, or can they justify adding the service to the existing IEP based on recent data collection and ongoing observations?

The IEP team (including the parents) should meet to address this new information. This ensures that everyone involved is aware of the new need and has input into the change. These newly identified educational needs are documented in the student’s IEP. A reevaluation is not

required if the new need is a direct result of the student's disability.  
(Minn. Rule 3525.2810 and 34 CFR Part 300 / D / 300.324 / b / 1 / ii)

**19. Must a team conduct an evaluation prior to concluding that a student is no longer eligible for special education services?**

Yes. A school district must evaluate a student with a disability, following proper evaluation procedures prior to determining that the student is no longer a child with a disability. For more information, visit the MN Department of Education's website.



## Part 14: Regional and Statewide Resources For the P/HD Teacher

### Programs and Services

#### Minnesota Low Incidence Projects

[www.mnlowincidenceprojects.org](http://www.mnlowincidenceprojects.org)

This statewide program is funded through a grant from the MN Department of Education and is designed to assist school districts across the state in fulfilling federal requirements in the areas of implementation of IDEA, professional development, and insuring the availability of high quality staff in the low incidence areas of special education. This grant funding supports the statewide PI specialist position, the MN Low Incidence Projects website, the Statewide P/HD Community of Practice, the Statewide P/HD Mailing List, and more. Technical assistance is offered as a major component of this Project. Low incidence areas and services supported by this grant include: Physically Impaired (PI); Other Health Disabilities (OHD); Traumatic Brain Injury (TBI); Deaf/Blind (DB); Autism Spectrum Disorders (ASD); Developmental Adapted Physical Education (DAPE); School-Based Occupational and Physical Therapy (OT/PT); and Early Hearing Detection and Intervention (EHDI).

The Minnesota Low Incidence Projects website provides many resources for the P/HD teacher and the public, including brochures, statewide manuals technical training materials, licensure information, electronic resources, information for families, and more.

#### Minnesota Department of Education

<https://education.mn.gov/mde/index.html>

The MN Department of Education provides oversight and support to all of Minnesota's public schools and services. Many resources can be found on this site, including teacher licensure information, child count data, Minnesota rules and regulations, and much more.

#### Regional Low Incidence Projects

These projects operate throughout the eleven educational regions of the state, providing coordination and support to educators who serve children and youth with low incidence disabilities, and their families. For a complete listing of Regional Low Incidence Facilitators (RLIF) and contact information, refer to the main website page of the MN Low Incidence Projects.

## **Statewide Low Incidence Specialists**

There are statewide low incidence specialists assigned to each of the low incidence special education areas. To locate information about a specific specialist, click on the Low Incidence Disability link on the main website page of the MN Low Incidence Projects.

### ❖ **Statewide Physical/Health Disabilities Community of Practice**

The Statewide Physical/Health Disabilities Community of Practice, previously referred to as the Statewide P/HD Network, has been in existence for almost 40 years. Regional representatives and other P/HD teachers meet three times a year face-to-face or remotely to gather and share resources and information pertinent to the P/HD field, and participate in professional development opportunities. Past CoP initiatives and workgroups have addressed the topics of professional recruitment, licensure standards, post-secondary training, revisions to professional manuals, and development or revision of resource materials. Meetings are facilitated by the Statewide PI specialist and a P/HD leadership committee. For more information on the history of the P/HD CoP or how to become a member, contact your regional low incidence facilitator or the Statewide PI Specialist.

### ❖ **Regional Physical/Health Disabilities Communities of Practice**

Each Minnesota region supports a regional P/HD Community of Practice which periodically meets throughout the school year. These meetings provide opportunities for regional resource sharing and professional development. Identified regional representatives attend the statewide CoP meetings and are responsible for sharing information and resources between these professional communities. For more information about a specific regional CoP, contact your regional low incidence facilitator (RLIF).

## **Statewide P/HD Mailing List**

The Statewide P/HD Mailing List (formerly List Serve) is available to licensed P/HD teachers, special education administrators and other interested professionals, allowing subscribers to send and share information with other members of the mailing list. Some typical uses include requesting or sharing information about a specific issue or question, such as student services, student evaluation, disability-specific information, community resources, accommodations, etc. Other postings might include CoP meeting notices and upcoming professional development opportunities. For more information on

member subscription, directions for posting messages, or mailing list protocol, visit the MN Low Incidence Disabilities website.

### **Statewide P/HD Wiki**

The P/HD Wiki is a free online shared resource site for P/HD teachers in Minnesota. Members use this site to share resources with colleagues, access materials and information about topics and issues relevant to the P/HD professional community; and provides the means to collaborate with others on projects through shared access to folders and documents. Some of the resources that are available to members include documents that address service delivery considerations and guidelines, student evaluation protocol, announcements and current news in the field, and resource links. For more information about accessing this professional resource, contact the statewide PI specialist.

### **Low Incidence Educator Manuals**

The following educator manuals can be accessed online and/or downloaded from the MN Low Incidence Projects:

- 1) ***PI Manual:*** Meeting the Needs of Students with Physical Impairments: A Resource Manual for Minnesota Educators (Revised 2011; Updated 2018)
- 2) ***OHD Manual:*** Meeting the Needs of Students with Other Health Disabilities: A Resource Manual for Minnesota Educators (Revised 2013; updated 2018)
- 3) ***TBI Manual:*** Special Education Evaluation and Services for Students with Traumatic Brain Injury: A Resource Manual for Minnesota Educators (Rev. 2013; updated 2018)

### **State Contact**

To contact the statewide specialist for Physically Impaired, visit the MN Low Incidence Projects website for more information at [www.mnlowincidenceprojects.org](http://www.mnlowincidenceprojects.org)

## Part 15: Physically Impaired (PI) Information Sheets

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(Click links below. Listed alphabetically)

[Arthrogryposis](#)

[Cerebral Palsy](#)

[Cerebral Palsy- Cognitive Functioning](#)

[Dystonia](#)

[Muscular Dystrophy](#)

[Osteogenesis Imperfecta](#)

[Post-Polio Syndrome](#)

[Spina Bifida](#)

[Spinal Cord Injury](#)

[Spinal Muscular Atrophy](#)

## Part 16: Appendices

These forms are fillable, and can be individually downloaded by clicking the links below or going to: <http://www.mnlowincidenceprojects.org/Projects/pi/piResources.html>

### [PI Criteria Checklist](#)

[Organizational/Independent Work Skills/Motor Skills Checklists](#)  
(These checklists are not available at this time, please contact [kelly.bredeken@metroecu.org](mailto:kelly.bredeken@metroecu.org))

### [Emergency Evacuation Plan](#)

### [Emergency Evacuation Medical Info Card](#)

### [Protocol Form: Initial Evaluation Following Hospitalization](#)

### [Protocol Form: Students with Existing IEPS Following Hospitalization](#)