

Wisconsin FACETS Webinar:

Using Medical Information & Reports Within the IEP Evaluation Process

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WISCONSIN DEPARTMENT OF
PUBLIC INSTRUCTION

Carolyn Stanford Taylor, State Superintendent

Who am I – Eva M. Kubinski, MS

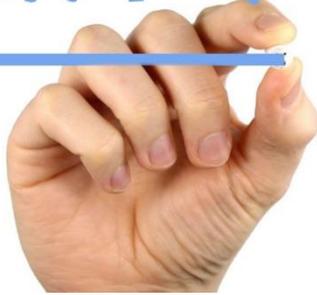
Wisconsin DPI consultant for:

- **Orthopedic Impairments (OI)**
- **Other Health Impairments (OHI)**
- **Traumatic Brain Injury (TBI)**
- **Adapted/Specially Designed Physical Education (APE)**
- **American Indian Students with IEPs**



At DPI, Educational Equity Means...

EQUITY



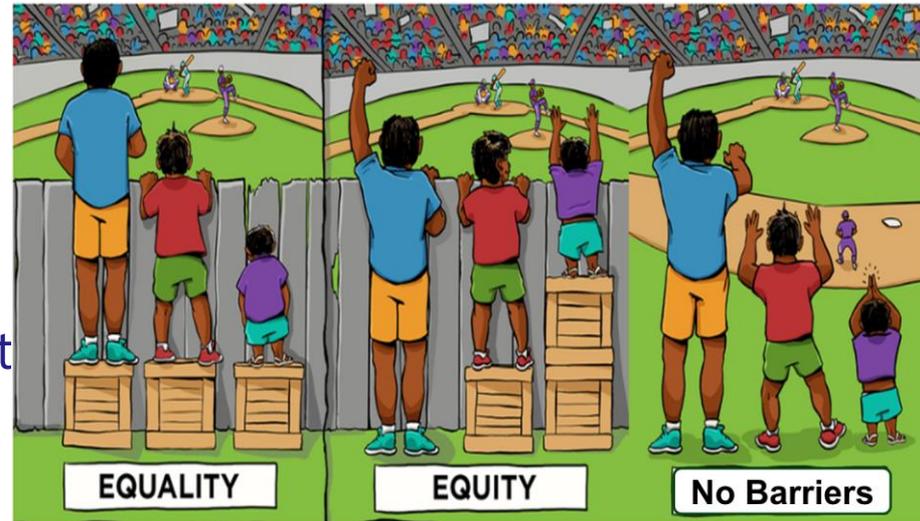
That every student has access to the educational resources and rigor they need at the right moment in their education, across race, gender, ethnicity, language, disability, sexual orientation, family background, and/or family income.



CCR-IEP 5 Beliefs



- High Expectations
- Culturally Responsive Practices
- Student Relationships
- Family and Community Engagement
- Collective Responsibility



Please note:

While one disability area is mentioned in a scenario, the information in this presentation potentially pertains to any disability area. What is most important are the student's disability related needs. That should be the starting point, not which disability area they will qualify for - that happens AFTER the IEP Team discusses all the identified disability related needs.



Scenarios

#1 - Educator – a parent of one of your students brings you a prescription from a pediatrician for Special Education

#2 – IEP Team - As part of an initial evaluation for special education a student's parent shares a report written by a neuropsychologist. What should you do with this information?



Scenarios



#3 - Parent – You’ve shared concerns about your child with the neurologist, and she diagnoses your child as having Autism. Shouldn’t the IEP Team take the diagnosis and automatically provide an IEP for Autism?



Huh?

What do you/IEP team do when provided with information from an outside medical or neuropsychological evaluator?

Where does the information from a doctor or outside evaluator fit within the initial or reevaluation process?

Can an IEP just use a report from an outside evaluator to qualify a student for Special Education services?



Purpose of an IEP Team Evaluation

To determine if a student requires specially-designed instruction

Each assessment is intended to help determine the learning needs of the student



Remember

“DISABILITY” in the context of special education means the existence of a physical, mental, and/or emotional impairment combined with a need for special education services



MAJOR POINT

When evaluating a student either for an initial IEP evaluation and IEP or as part of a re-evaluation and updated IEP, need to follow requirements of a comprehensive evaluation.



Why do a comprehensive evaluation?

- Because under federal law, we are required to assess a student referred for an IEP Team evaluation in a **comprehensive manner**
- By getting the best possible information about a student's strengths and needs, the IEP Team is in the best position to develop an **effective education plan**.



34 CFR Sec. 300.304 (b)

(b) Conduct of evaluation. In conducting the evaluation, the public agency must—

(1) Use a variety of assessment tools and strategies to gather relevant functional, developmental, and academic information about the child, including information provided by the parent, that may assist in determining—

(i) Whether the child is a child with a disability under §300.8; and

(ii) The content of the child's IEP, including information related to enabling the child to be involved in and progress in the general education curriculum (or for a preschool child, to participate in appropriate activities);

(2) Not use any single measure or assessment as the sole criterion for determining whether a child is a child with a disability and for determining an appropriate educational program for the child; and

(3) Use technically sound instruments that may assess the relative contribution of cognitive and behavioral factors, in addition to physical or developmental factors.

<https://sites.ed.gov/idea/regs/b/d/300.304/b>



What should be in a comprehensive evaluation?

Comprehensive assessment of individual students requires the use of multiple data sources. These sources may include standardized tests, informal measures, observations, student self-reports, parent reports, and progress monitoring data from response-to-intervention (RTI) approaches (NJCLD, 2005). Reliance on any single criterion for assessment or evaluation is not comprehensive, nor is a group assessment, such as universal screening or statewide academic assessment tests, sufficient for comprehensive assessment or evaluation.

From LD Online <http://www.ldonline.org/article/54711/>



Medical Evaluation



**Doctors and/or
other medical
evaluators
diagnose medical
conditions or
disorders**



IEP Team Evaluation



Schools do not diagnose conditions, but identify a disability related to academic, functional behavior and/or social/emotional functioning **that may be impacted by an existing medical diagnosis.**



So... Medical vs Educational

Even though some of the same areas (and even assessment measures) may be used by both, it is the **intent** of the evaluation and how the results are **analyzed and interpreted** that are the primary differences between the two.



The main idea

Multiple measures ensure the best possible outcome in identifying, evaluating and serving a student with a disability. The decision should never be based on one assessment measure.



Scenario #1

Educator – a parent of one of your students brings you a prescription from a pediatrician for Special Education



First thought ...

A child's need for special education is not derived from a medical diagnosis, and special education and related services are not "prescribed".



Child Find and Medical Doctors

A physician who reasonably believes a child has a disability **must** refer the child to a school district for evaluation (See Wis. Stat. 115.777). The referral must be in writing and include the name of the child and the reason why the physician believes the child has a disability. The referral should be submitted to the school district where the child is enrolled.



District Responsibility

Upon receipt of a referral the school district will assemble an individualized education program (IEP) team to determine whether the child is eligible for special education and related services. **Only the IEP team can make such determinations.**



Scenario # 2

IEP Team - As part of an initial evaluation for special education a student's parent shares a report written by a neuropsychologist. What should you do with this information?



What is the district required to do?

When a parent shares the results of an evaluation conducted by an entity outside of the school district (e.g., medical doctor, psychologist, neurologist) the IEP Team is required to **consider the information included but is not bound by any recommendations made in the report**



Scenario #3

Parent – You've shared concerns about your child with the neurologist, and she diagnoses your child as having Autism. Shouldn't the IEP Team take the diagnosis and automatically provide an IEP for Autism?



IDEA vs Medical Evaluation

| IDEA EVALUATION | MEDICAL/CLINICAL DIAGNOSIS |
|---|--|
| <p>Schools identify conditions that impact academic, functional behavior and/or social/emotional functioning based on state and federal special education law</p> | <p>Doctors or clinical professionals provide a diagnosis, most found in the Diagnostic and Statistical Manual of Mental Disorders-5 (DSM-5)</p> |
| <p>The conditions must impact academic, functional behavior and/or social/emotional functioning, in the classroom or in other learning settings, at the time of identification.</p> | <p>The diagnosed medical condition or disorder does not have to impact school performance in order for the student to be diagnosed as having the condition and/or disorder.</p> |



IDEA vs Medical Evaluation

| IDEA EVALUATION | MEDICAL/CLINICAL DIAGNOSIS |
|---|--|
| <p>Identification of an educational impairment does not automatically result in a medical diagnosis.</p> | <p>A medical or clinical diagnosis does not automatically qualify a student for special education services and supports</p> |
| <p>Upon consideration of the results of the evaluation, the school district will either develop an IEP and make a placement offer or will conclude a student doesn't require specially designed instruction. Only the IEP team can make such determinations.</p> | <p>The medical professional will continue to monitor the diagnosed condition(s).</p> |



Back to Huh?

What do you/IEP team do when provided with information from an outside medical or neuropsychological evaluator? *Should consider the information but not bound to it*

Where does the information from a doctor or outside evaluator fit within the initial or reevaluation process? *As part of the information about the student that is noted as part of a comprehensive evaluation*

Can an IEP just use a report from an outside evaluator to qualify a student for Special Education services? *No – it is just one piece of information, need other data collected IEP Team within the context of the student's learning needs*



Note - Sources

The comparison chart was developed with some elements from a related chart from the www.understood.org website <https://www.understood.org/en/school-learning/special-services/special-education-basics/the-difference-between-a-school-identification-and-a-clinical-diagnosis> downloaded on 3/10/2021.



Sources continued

Additional information was incorporated from the Wisconsin Department of Public Instruction (DPI) document “Special Education and the Physician (July 2014),” <https://bit.ly/3t7w5YM> downloaded on 3/10/2021.



For further assistance

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