

# Health Plans and How They Interface with IEPs

Louise Wilson, MS, BSN, RN, LSN, NCSN

State School Nurse/Health Services Consultant

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**Public Instruction**  
Jill K. Underly, PhD, State Superintendent



504

Clinical Standards

OCR

Health Alert

Medicaid Requirements

Nurse Practice Act

IDEA

EMERGENCY PLAN

IEP

IHP

FERPA

Records Laws

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# Today's presentation will...

Identify	Identify the various health plans used in schools.
Describe	Describe how a health-related need translates into an “effect of disability” or “disability related need” in a special education evaluation or IEP.
Locate in	Locate in an IEP how a school plans to address a student's health needs.
Articulate	Articulate how decisions regarding who meets health needs in school might be determined.

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- **Identify the various health plans used in schools.**

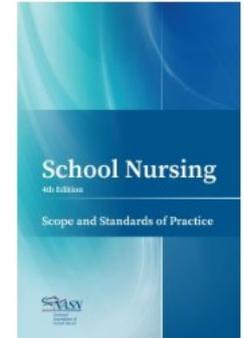
- Individualized Healthcare Plans (IHP)
- Emergency Action Plans (EAP)
- Student Health Plan



# IHP

## NASN POSITION

It is the position of the National Association of School Nurses (NASN) that the registered professional school nurse (hereinafter referred to as school nurse) initiates and develops an Individualized Healthcare Plan (IHP) for students whose healthcare needs require more complex school nursing services. **An IHP is a plan of care written by the registered nurse for students with or at risk for physical or mental health needs** (ANA & NASN, 2017). It is the responsibility of the school nurse to annually evaluate the IHP, as well as to update the plan if deemed appropriate, to reflect changes in the student's healthcare needs and address nursing interventions and/or student healthcare outcomes. NASN 2020.



# IHP – Individualized Healthcare Plan

- Foundational document from which other health information flows to other plans
  - **Uses and documents Nursing Process**
  - Documentation of student health needs
  - **(Professional) Nursing care to be provided to meet needs**
  - Plan to evaluate the outcome of this care
- 

# IHP – Individualized Health



IHP's also provide information for the delegation and determining of staffing needs in each school.



IHP's may or may not be part of IEP process or 504 Plans.



IHP designed to be stand alone document.

### Individual Health Care Plan (IHP)

Page \_\_\_\_ of \_\_\_\_

*For health needs that may result in an emergency and/or need management or monitoring.*

Student Name: \_\_\_\_\_

Medical Diagnosis: \_\_\_\_\_

Part of IEP: Yes No

School: \_\_\_\_\_

Date Initiated: \_\_\_\_\_

Grade: \_\_\_\_\_

Health Care Provider: \_\_\_\_\_

By: \_\_\_\_\_

Date Reviewed: \_\_\_\_\_

By: \_\_\_\_\_

Circle areas of concern: Medical management, dental management, safety, vital functions, elimination, mobility, rest, comfort.

NURSING ASSESSMENT	NURSING DIAGNOSIS	NURSING INTERVENTIONS <i>The school nurse will:</i>	EVALUATION <i>Student Outcomes- The student will:</i>

## **Emergency Action Plans (EAP)**

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**Maintenance of student's  
health and safety in an  
anticipated life-threatening  
emergency.**



# **EAP – Emergency Action Plan**

- **Information regarding child's medical condition**
  - **Current and emergency medications**
  - **Appropriate emergency interventions**
  - **Logical step by step order**
  - **Understood by individuals with limited nursing/medical knowledge**
  - **Shared with appropriate building staff**
- 

# Sample Emergency Action Plan

**EMERGENCY ACTION PLAN**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ School: \_\_\_\_\_  
Parents/guardians: \_\_\_\_\_ Grade: \_\_\_\_\_  
\_\_\_\_\_  
Healthcare Provider: \_\_\_\_\_  
\_\_\_\_\_

Health Concern:	
If found unconscious/unresponsive, call EMS, initiate CPR Use AED	
IF YOU SEE THIS:	Do This:
Trained Staff Members: _____	
Emergency Medication Location: _____	

I was involved in the planning of, and/or agree with, the procedures identified in the above plan. I give permission for this information to be shared with appropriate staff at school.

School Nurse \_\_\_\_\_ Date \_\_\_\_\_ Parent \_\_\_\_\_ Date \_\_\_\_\_

In case of emergency transport, this sheet should accompany student.

## SEVERE BEE STING ALLERGY EMERGENCY PLAN

Student: \_\_\_\_\_ School: \_\_\_\_\_  
Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_ Place Student's Picture Here

### SIGNS OF AN ALLERGIC REACTION:

Mouth: itching and swelling of lips, tongue, or mouth  
Throat: itching and/or sense of tightness in throat, hoarseness, hacking cough  
Skin: hives, itching rash, and/or swelling about face or extremities  
Gut: nausea, abdominal cramps, vomiting, diarrhea  
Lung: shortness of breath, repetitive cough, and/or wheezing  
Heart: "fuzzy pulse", "passing out"

**THE SEVERITY OF SYMPTOMS CAN QUICKLY CHANGE, ALL SYMPTOMS CAN POTENTIALLY PROGRESS TO A LIFE THREATENING SITUATION!**

### ACTION

1. If contact/ingestion suspected:
2. Call 911
3. Then call parent or emergency contact.

**EPIPEN LOCATED**

# Sample Emergency Action Plan

**FARE** FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

**EPINEPH® (EPINEPHRINE) AUTO-INJECTOR DIRECTIONS**

- Remove the Epineph Auto-injector from the plastic carrying case.
- Pull off the blue safety release cap.
- Swing and firmly push orange tip against mid-outer thigh.
- Hold for approximately 10 seconds.
- Remove and massage the area for 10 seconds.

**AUVI-Q™ (EPINEPHRINE INJECTION, USP) DIRECTIONS**

- Remove the outer case of Auvi-Q. This will automatically activate the voice instructions.
- Pull off red safety guard.
- Place black end against mid-outer thigh.
- Press firmly and hold for 5 seconds.
- Remove from thigh.

**ADRENALICK™/ADRENALICK® GENERIC DIRECTIONS**

- Remove the outer case.
- Remove grey caps labelled "1" and "2".
- Place red rounded tip against mid-outer thigh.
- Press down hard until needle penetrates.
- Hold for 10 seconds. Remove from thigh.

**OTHER DIRECTIONS/INFORMATION** (may self-carry epinephrine, may self-administer epinephrine, etc.):

Treat the person before calling emergency contacts. The first signs of a reaction can be mild, but symptoms can get worse quickly.

**EMERGENCY CONTACTS — CALL 911**

INSURE SIGNA: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 DOCTOR: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 HEMATOLOGICAL: \_\_\_\_\_ PHONE: \_\_\_\_\_

**OTHER EMERGENCY CONTACTS**

NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_  
 NAME/RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_

PHARMACEUTICAL AUTHORIZATION SCHEDULE: \_\_\_\_\_ DATE: \_\_\_\_\_

FORM PROVIDED COURTESY OF FOOD ALLERGY RESEARCH & EDUCATION (FARE) (WWW.FOODALLERGY.ORG) SIGMA

**FARE** FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ PLACE PICTURE HERE

Always to: \_\_\_\_\_  
 Weight: \_\_\_\_\_ lbs. Address:  The (higher risk for a severe reaction)  No

NOTE: Do not depend on antibiotics or intravenous (intravenous) to treat a severe reaction. USE EPINEPHRINE.

**Extremely reactive to the following foods:**

THE REASON:  If checked, give epinephrine immediately for ANY symptoms of the allergen was taken orally.  
 If checked, give epinephrine immediately if the allergen was actively eaten, even if no symptoms are noted.

**FOR ANY OF THE FOLLOWING SEVERE SYMPTOMS**

**LUNG** Start of breath, wheezing, difficulty breathing, cough

**HEART** Pain, throbbing, racing, faint, weak

**THROAT** Tight, hoarse, trouble swallowing, swollen, itchy

**MOUTH** Swallowing, tingling or numbness, larger and/or itchy

**SKIN** Many have some hives, redness, swelling, itching, redness

**GUT** Nausea, vomiting, diarrhea

**OTHER** Feeling something isn't right, dizziness, weakness, blurry, confusion

**OR A COMBINATION** of symptoms from different body areas

**1. INJECT EPINEPHRINE IMMEDIATELY.**

**2. Call 911.** Tell them the child is having anaphylaxis and may need epinephrine when they arrive.

Consider giving additional medications following epinephrine:

- Antihistamines
  - Inhaler (Dexamethasone) if wheezing
- Let the person lie on their left and lower arms. If breathing is difficult or they are vomiting, let them sit up or lie on their side.
- If symptoms do not improve or symptoms return, more than 1 epinephrine can be given about 5 minutes or more after the last dose.
- Alert emergency contacts.
- Transport them to ER even if symptoms resolve. People should remain in ER for at least 2 hours (Severe symptoms may return).

**FOR MILD SYMPTOMS**

**NOSE** Itchy/runny, stuffy, sneezing

**MOUTH** Itchy/numb, in the throat, mild swelling

**SKIN** Mild, scattered, itchy rash

**GUT** Mild discomfort

**FOR MILD SYMPTOMS FROM MORE THAN ONE SYSTEM AREA, GIVE EPINEPHRINE.**

**FOR MILD SYMPTOMS FROM A SINGLE SYSTEM AREA, FOLLOW THE DIRECTIONS BELOW**

- Antihistamines may be given, if ordered by a healthcare provider.
- Stay with the person, alert emergency contacts.
- Watch closely for changes. If symptoms worsen, give epinephrine.

**MEDICATIONS/DOSES**

Epinephrine brand: \_\_\_\_\_  
 Epinephrine strength:  0.1 mg/ml  0.3 mg/ml

Antihistamines brand or name: \_\_\_\_\_  
 Antihistamine dose: \_\_\_\_\_  
 Other (e.g., intrate dexamethasone) if wheezing: \_\_\_\_\_

PHARMACEUTICAL AUTHORIZATION SCHEDULE: \_\_\_\_\_ DATE: \_\_\_\_\_  
 PHARMACEUTICAL AUTHORIZATION SCHEDULE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FARE** FOOD ALLERGY & ANAPHYLAXIS EMERGENCY CARE PLAN

# Student Health Plan (SHP)

2014-2015

## MEDICAL ALERT

Insert  
GUMMA

STUDENT:  
PARENTS:  
  
HOME:  
PR. Coll:  
PR. WK.:

SCHOOL:  
GRADE:  
PHYSICIAN:  
  
ALT. CONTACT:

### Health Concern: Seizure Disorder - Nocturnal Seizures

**History:** For several years son has suffered what was thought to be night terrors. In February 2014 had sleep study done with EEG that showed at least 10 episodes of seizure activity during sleep and indicated that student is not getting appropriate amount of "deep sleep" due to seizure activity. He was then monitored overnight at the UW-Madison and started on medication. He has never had a daytime seizure. His nighttime seizures present by him screaming out, body will shake or arms or legs will be moving, he may get up and walk around, and/or talking in sleep. Typical nocturnal seizures only last approximately 90 seconds. He is going to be having a brain MRI for further diagnostics.

**Current Status:** He is currently taking ---- twice daily and clobazepam at bedtime to help manage seizures. He has had little decrease in nocturnal seizures since starting the medication. Anti-seizure medication can cause him to be more tired. His seizures have never occurred during him being awake or during the daytime. He has never had a tonic clonic or convulsive seizure. Student has no activity restrictions at this time.

### Guidelines for seizures:

#### If staff would notice seizure or nocturnal seizures:

1. No first aid is necessary. Approach student calmly and talk to student. Reorient him as necessary.
2. May need to repeat any released instructions.
3. Note details regarding starting episode and send note home to parent/guardian.

#### If student would have tonic clonic seizure (convulsive seizure) during school:

1. Protect student from injury. Clear area of hard/sharp objects. Place something soft under head.
2. Turn student on side to assist with drainage of saliva. Loosen any tight clothing.
3. Do not try to restrain student or place anything in his mouth.
4. Call 911 and notify parent/guardian immediately.
5. Note details regarding activity prior to seizure, length of time seizure lasted, body activity during seizure and notify EMS and parent.

I was involved in the planning of, and/or agree with, the procedures identified in the above plan. I give permission for this information to be shared with appropriate staff at school.

School Nurse

Date

Parent

Date

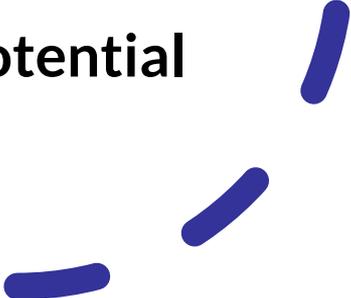
In case of emergency transport this sheet should accompany student.

# Comparison of EAP, IHP, and Student Health Plans

**IHP – Addresses actual or potential responses of a student to a health condition. Is the nursing care plan for school nurses.**

**EAPs and SHPs are used to communicate student health needs to school staff.**

**EAP – Deals with a specific potential medical emergency.**



# Comparison of Health Plans Used in Schools

Plan	Used by	Used for
IHP	Nurses	Professional workplan and accountability
EAP	School staff	Medical emergencies
SHP	School staff	Acute and chronic health conditions

# Health Plans and IEPs

Recommended that Student Health Plan/EAP **NOT** be included as part of IEP document. It should/can be mentioned but not kept as part.

Need to reconvene IEP meeting if need to change health plan.

# Describe

**Describe how a health-related need translates into an “effect of disability” or “disability related need” in a Special Education evaluation and IEP**





# Child with a Disability

## Two-part test:

- First, does the child meet the educational eligibility impairment criteria for one of the disability areas that adversely **affects his/her educational performance?**
- And, as a result of the disability, does the child **need special education and related services?**
- **BOTH!**



# Determining a health-related need

- **Functional Performance**
- **Use of Disability Criteria Sheets (OHI)**
- **Functional disability related need**



# Educational vs. Medical...

- Impairment categories may include students with many different medical diagnoses.
  - Medical diagnosis is not required to determine educational eligibility.
  - If medical information is available, it should be considered but must not be the sole component.
  - School nurses often serve an important role in explaining how the impairment categories and medical diagnoses relate to each other.
- 

# Functional Performance

Alejandro is a 5-year-old with cerebral palsy that affects his self-care and cognitive abilities and his communication. He is fed orally since his G- button was removed three years ago and tolerates a soft (mashed) diet. Alejandro requires assistance with oral feedings and daily cares. Alejandro has a known food allergy to tree nuts (cashews, pistachios, almonds, Brazil nuts, chestnuts, macadamia nuts, pecans, pine nuts, shea nuts, and walnuts) with history of anaphylaxis.

# OHI Disability Checklist (Criteria Sheet)

Form  
updated  
5/2022

## CRITERIA FOR DISABILITY CATEGORY OTHER HEALTH IMPAIRMENT Form ER-1-OHI (Rev. 05/2022)

Date form completed \_\_\_\_\_ LEA \_\_\_\_\_  
Name of Student \_\_\_\_\_ WISEd \_\_\_\_\_ LEA's Student ID \_\_\_\_\_

Initial Evaluation (Must complete all sections)  Reevaluation (Must complete all sections)

This form is provided to assist individualized education program (IEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under Chapter 115, Wis. Stats., and Pt. 11.36, Wis. Admin. Code. The IEP team should complete this form to document whether or not the student meets the disability category criteria or continues to meet the criteria during a reevaluation. Attach the criteria form to the Evaluation Report, DPI sample form ER-1, that includes additional information to determine special education eligibility.

Other Health Impairment means having limited strength, vitality, or alertness, due to chronic or acute health problems. The term includes but is not limited to a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, diabetes, or acquired injuries to the brain caused by internal occurrences or degenerative conditions, which adversely affects a child's educational performance. [11.36\(10\) Wis. Admin. Code](#)

Criteria for the disability category of Other Health Impairment may be documented as follows (all **yes/no** questions must be checked **Yes**):

### SECTION I. HEALTH CONDITION

Yes  No Does the student have a health problem? (including, but not limited to a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, diabetes, or acquired brain injuries caused by internal occurrences or degenerative conditions.) **NOTE:** A prior diagnosis from a licensed physician is **not** required for the IEP team to consider OHI. *Explain or reference data or evidence.*

Yes  No Is the health problem chronic or acute? If yes, check ALL that apply:  
 Chronic (long-standing, continuous over time, or recurring frequently). *Explain or reference data or evidence:*

Acute (severe or intense). *Explain or reference data or evidence:*

Yes  No Does the student's health problem result in limited strength, vitality, or alertness? If yes, check ALL that apply:  
 Limited strength (inability to perform typical or routine tasks at school). *Explain or reference data or evidence:*

Limited vitality (inability to sustain effort or endure throughout an activity). *Explain or reference data or evidence:*

# OHI Disability Checklist

## SECTION I. HEALTH CONDITION

Yes     No

Does the student have a health problem? (Including, but not limited to a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, diabetes, or acquired brain injuries caused by internal occurrences or degenerative conditions.) **NOTE:** A prior diagnosis from a licensed physician is **not** required for the IEP team to consider OHI. *Explain or reference data or evidence:*



# OHI Disability Checklist

Yes    No   Is the health problem chronic or acute? If yes, *check ALL that apply.*

Chronic (long-standing, continuous over time, or recurring frequently). *Explain or reference data or evidence:*

Acute (severe or intense). *Explain or reference data or evidence:*

# OHI Disability Checklist

Yes    No   Does the student's health problem result in limited strength, vitality, or alertness? If yes, *check ALL that apply*.

Limited strength (inability to perform typical or routine tasks at school). *Explain or reference data or evidence:*

Limited vitality (inability to sustain effort or endure throughout an activity). *Explain or reference data or evidence:*

Limited alertness (inability to manage and maintain attention, to organize or attend, to prioritize environmental stimuli, including a heightened alertness). *Explain or reference data or evidence:*

# OHI Disability Checklist

## SECTION II. EDUCATIONAL PERFORMANCE

- Yes     No    Is the student's educational performance in *one or more* of the following areas adversely affected as a result? If yes, *check ALL that apply. Consider both academic and nonacademic skills and progress.*
- Pre-academic or academic achievement
  - Adaptive behavior
  - Behavior
  - Classroom performance
  - Communication
  - Motor skills
  - Social/Emotional Functioning
  - Vocational skills
  - Other. *Describe:*

*Explain or reference data or evidence (required):*

# SECTION III. DISABILITY CATEGORY CRITERIA DETERMINATION

## SECTION III. DISABILITY CATEGORY CRITERIA DETERMINATION

- Yes    No   The documentation of the criteria above demonstrates limited strength, vitality, or alertness, due to chronic or acute health problems which adversely affects the student's educational performance. The student meets the eligibility criteria under the disability category of **Other Health Impairment**.

# Functional Disability Related Need

Alejandro experiences spastic movements of both his arms and legs related to his cerebral palsy. He requires assistance with self cares and feeding. Alejandro requires an **emergency action plan** to prevent and treat any exposure to tree nuts. Alejandro is at risk for injury if he is exposed to his food allergens. Alejandro has a cognitive disability that affects his ability to self-advocate, protect himself from exposure to his allergens, or alert staff to symptoms of food allergy. **Alejandro is not able to participate in his education if he is ill or injured after exposure to food allergens.**

The student needs to develop/improve...

- Ability to communicate symptoms of allergic reactions



Locate in an IEP  
how a school  
plans to address  
a student's  
health needs.



# Addressing health-related need

- Program Summary and Supplemental Aids and Services
- Related Services Needed to Benefit from Special Education
- Program Modification or Supports for School Personnel



# Statement of Supplementary Aids and Services

List accommodations that enable student with a disability to be educated with students without disabilities to the maximum extent appropriate

Examples:

- extended time ( when taking graded exams)
- alarm clock (to remind to come to office to take medication)
- permission to leave class randomly (to check blood sugar)
- ability not to take test (if blood sugar out of normal range)
- wearing of percussion vest for student with cystic fibrosis (addresses need for adequate respiration)

***“Student will leave class early to provide safe mobility to class” frequency –daily every class period; amount -5 minutes; location- all classrooms; need met-safety and fatigue prevention***

## Related Services Needed to Benefit from Special Education

Related services can be ***direct services*** that involve hands on nursing interventions: medication administration, tube feeding, urinary catheterization, glucose testing, physical assessment or

***indirect services*** which are provided on behalf of the student: calling parent to update SHP, communicating with medical provider to clarify orders, delegating nursing procedure to UAPs

**C. Related Services Needed to Benefit from Special Education**

Transportation and such developmental, corrective, and other supportive services as are required to assist a student with a disability to benefit from special education. *For each related service, identify the corresponding annual goal(s). In some situations, there may not be a corresponding goal. In those situations it is acceptable to identify the disability-related need(s).*

None needed

Describe	Frequency	Amount	Location	Duration	Addresses Goal(s) # _____	Addresses Need(s) # _____
<input type="checkbox"/> <u>Assistive Technology</u> <i>Describe service or device:</i>						
<input type="checkbox"/> <u>Audiology</u>						
<input type="checkbox"/> <u>Counseling</u>						
<input type="checkbox"/> <u>Educational Interpreting</u>						
<input type="checkbox"/> <u>Medical Services for Diagnosis and Evaluation</u>						
<input type="checkbox"/> <u>Occupational Therapy</u>						
<input type="checkbox"/> <u>Orientation and Mobility (For students meeting criteria under Blind and Visually Impaired or Deafblind)</u>						
<input type="checkbox"/> <u>Physical Therapy</u>						
<input type="checkbox"/> <u>Psychological Services</u>						
<input type="checkbox"/> <u>Recreation</u>						
<input type="checkbox"/> <u>Rehabilitation Counseling Services</u>						
<input checked="" type="checkbox"/> <u>School Health Services</u>	Every day	45 minutes	Special ED classroom	IEP year		Totally dependent for tube feeding
<input checked="" type="checkbox"/> <u>School Nurse Services</u>	Once every week	45 minutes	Special Ed classroom	IEP year		Supervision of delegated procedure
<input type="checkbox"/> <u>School Social Work Services</u>						
<input type="checkbox"/> <u>Speech / Language</u>						
<input type="checkbox"/> <u>Transportation</u> <i>Describe details:</i>						
<input type="checkbox"/> <u>Other</u> specify						

## Related Services Needed to Benefit from Special Education

- School Nurse Services – services provided by a qualified school nurse
- School Health Services- services that may be provided by either a qualified school nurse or other qualified person

# Program Modification or Supports for School Personnel

**Describes what  
health training will  
be provided to  
school staff**

Could include a statement such as “School nurse develops and maintains an Individualized Health Plan (IHP-nursing care plan), Student Health Plan(SHP), or Emergency Action Plan (EAP) that addresses student health needs and the plan(s) **is/are on file in the health office**”

Articulate how decisions regarding who meets health needs in school might be determined.



“Nursing and school health services are required to provide medication management and administration to maintain health status and attendance pattern in order to obtain IEP goals.”

“School health services are required for medication administration so that xxx can concentrate and control his impulsivity in order to attain his IEP goals.”

“XXX requires tube feedings to maintain nutritional status while at school. This tube feeding will be performed by the classroom teacher assistants under the delegation of school nurse.” (School Nursing and School Health Services)

“XXX requires school nurse to train staff on implementation of Emergency Action Plan to maintain health status in order to obtain IEP goals.” (School Nursing and School Health Services)

## Related Services

- **School Nurse Services** – services provided by a qualified school nurse
- **School Health Services**- services that may be provided by either a qualified school nurse or other qualified person

# Which staff will meet the needs



**Does level of care require a nursing license?**

**Can care be safely (therefore legally) delegated by a registered nurse “to LPNs or less skilled assistants.”**

# Where does which staff provide the care get documented?

## Related Services Needed to Benefit from Special Education

School Health Services Everyday- 45 minutes- Special Education Classroom- IEP Year -Totally dependent for tube feeding

School Nurse Services Once every week- 45 minutes- Special Education Classroom- IEP Year – Supervision of Delegated Procedure

# How Health Plans Interface with IEPs

- School nurses use health plans including IHPs, to describe how a health need impacts a student's functional and academic success (disability related need)
- Health plans may indicate what level of (related) service (which staff) perform health functions ( School Health Services and/or School Nursing Services)
- Having a health plan to follow are part of the program modifications or support given to personnel
- Health plans should not be attached or an official part of the IEP because if health plan changes an IEP meeting might need to be held

# Contact information

Louise Wilson, MS, BSN, RN, LSN, NCSN

[Louise.Wilson@dpi.wi.gov](mailto:Louise.Wilson@dpi.wi.gov)

608-266-8857



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# Resources

Special Education Eligibility Areas of Impairment and Criteria: <http://dpi.wi.gov/sped/laws-procedures-bulletins/laws/eligibility>

Special Education in Plain Language:

<https://dpi.wi.gov/sites/default/files/imce/sped/pdf/spec-ed-plain-lang-english.pdf>