

The Role of the School Nurse in the Special Education Process

Part 2: Eligibility Determination and the Individualized Education Program

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This is the second of two articles outlining the professional school nurse's role in the special education process for students with disabilities. The Individuals with Disabilities in Education Improvement Act of 2004 mandates the special education process: identification, full and individual evaluation, eligibility determination, and development of the individual education program (IEP), including special education placement. Part 1 focused on the importance of the school nurse's role in student identification, response to intervention, and the full and individual evaluation. Part 2 highlights the school nurse's vital and unique contribution to the subsequent special education steps of eligibility determination, IEP development, and special education services placement and minutes.

Keywords: role of the school nurse; National Association of School Nurses; school nurses; IEP; special needs; individualized education program

The professional school nurse plays a unique and important role in protecting the right of students with disabilities to a free and appropriate public education (FAPE) through the special education process: identification, full and individual evaluation, eligibility determination, development of the individualized education program (IEP), and special education services placement and minutes (Figure 1; Gibbons, Lehr, & Selekmán, 2013; Individuals with Disabilities in Education Improvement Act of 2004 [IDEA 2004]). The school

nurse is an integral member of the IEP team. Part 1 of this series outlined the school nurse's role in identification, response to intervention, and evaluation of students who may benefit from special education (Yonkaitis & Shannon, 2017). The purpose of part 2 is to explain the importance of school nursing in eligibility determination, IEP development, and educational services placement and minutes. The special education process begins when the student undergoes the first full and initial evaluation. If the student is found eligible and receives IEP services, progress is reviewed annually and eligibility is reevaluated every 3 years or sooner if warranted by changes in the unique educational needs of the student. In addition to being aware of the special education rights and responsibilities

Figure 1. The Special Education Process

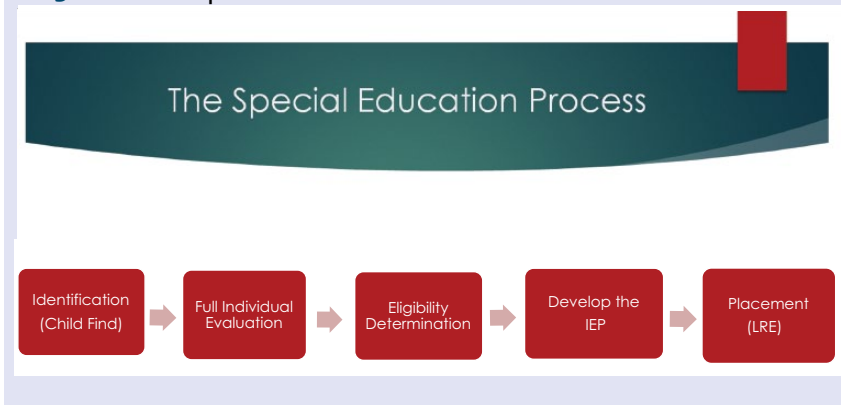
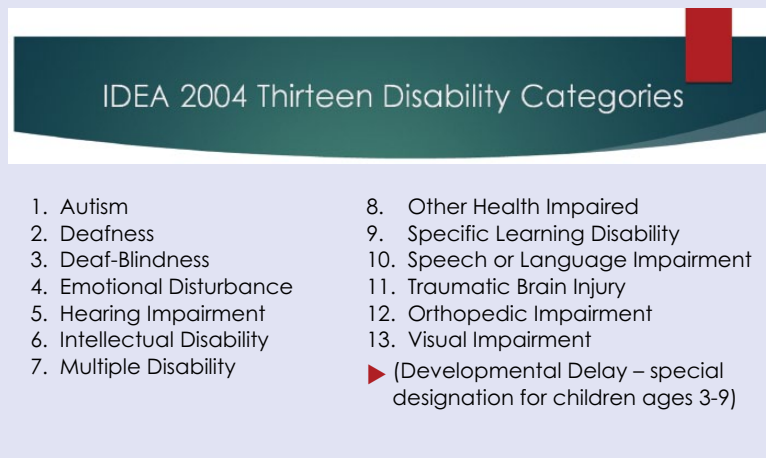


Figure 2. Special Education Disability Categories



mandated under IDEA 2004, school nurses must also be apprised of the specific special education rules and regulations of the states in which they practice.

Eligibility Determination

An eligibility determination meeting is held once the members of the special education team (IEP team) have completed their nondiscriminatory, multifactorial full and individual evaluations and identified the student's unique educational needs (Heward, 2013). IDEA 2004 requires that family member(s) or legal guardian(s), who know the child best and who make decisions on the child's behalf, be in attendance as members of the student's

IEP team. The term *parent* is used here to represent the student's responsible adult. Older students may also be included when developmentally appropriate. Parents are entitled to copies of the written evaluation reports. As a courtesy, many school districts send a compilation of the full and individual evaluation reports to parents in advance of the eligibility meeting (Dilberto & Brewer, 2014). The advantage of this practice is that parents have time to digest the team's findings in private and to prepare questions, opinions, and ideas for the eligibility meeting in advance. The disadvantage is that parents may not understand the findings or may misinterpret the intent of the recommendations, especially in light of

cultural, language, or literacy differences. IDEA 2004 mandates that school districts "must take whatever action is necessary to ensure that the parent understands the proceedings of all special education meetings, including arranging for an interpreter for parents with deafness or whose native language is other than English" (§330.222).

At the eligibility meeting, the domains that were evaluated are reviewed. The full and individual evaluation domains stipulated under IDEA 2004 are academic achievement, functional performance, cognitive functioning, communication status, health, hearing and vision, motor abilities, and social-emotional status. A synopsis of each evaluation is given at the eligibility meeting by the respective qualified educators and the related services specialists, including the school nurse when findings in the health domain are significant. It is imperative that school nurses advocate for their role in the special education process.

Remember that IDEA 2004 requires that students be evaluated in the domain of health by a qualified professional. At times, the school nurse may have to remind school administrators and the multidisciplinary team that evaluating and making recommendations about the impact of health on student learning require nursing judgement—judgment that only a professional school nurse is qualified to make. The student's federal civil right under IDEA 2004 to a nondiscriminatory comprehensive evaluation is not upheld when nonnursing educational professionals who are not qualified to conduct a health assessment presume this role. In fact, these duties require school nursing certification or licensure in several states.

The eligibility meeting participants discuss findings and recommendations of the student's special education evaluation to determine whether the student has functional and/or academic deficits (sometimes referred to as *qualifying characteristics*) that can only be addressed through the individualized instruction and related services offered in an IEP. There are 13 educational

disability categories under IDEA 2004 by which students may qualify for an IEP (Figure 2). The IEP team determines that the student is eligible for special education if the student (1) has an educational disability under 1 of the 13 disability categories and (2) requires specialized instruction and or related services in order to learn (Heward, 2015; IDEA, 2004). Note that developmental delay is a special category of IDEA 2004 that can be used to qualify children ages 3 through 9 years who demonstrate significant lags in physical, cognitive, behavioral, emotional, and/or social development. The intent of this category is that some children may benefit from special education during this span of rapid developmental growth without a formal disability label.

Health Concerns and Disability Categories

Students may qualify for special education services under any one of the 13 disability categories. Children with significant health barriers to learning often qualify under the disability category Other Health Impaired (OHI). These students commonly require school nursing or school health services. The definition of OHI is

limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment; that is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, and sickle cell anemia; and that adversely affects a student's education performance and requires special education. (IDEA, 2004)

Other common health-related disability categories that may necessitate school nursing services include orthopedic

impairment, traumatic brain injury, and multiple disabilities. IDEA 2004 defines school health services and school nurse services as

health services that are designed to enable a child with a disability to receive FAPE as described in the child's IEP. School nurse services are services provided by a qualified school nurse. School health services are services that may be provided by either a qualified school nurse or other qualified person. (§300.34)

Therefore, the use of the term *school health services* versus *school nurse services* depends in large part on the delegation rules of the given state's Nurse Practice Act.

A common misconception is that medical diagnosis is sufficient reason for a student to be granted special education services. Eligibility for special education is determined based upon the student's unique educational needs, not medical diagnosis alone. Eligibility categories are considered educational disabilities; medical diagnosis is *not* required under IDEA 2004. Nonetheless, some states have legislated that confirmation of the student's medical diagnosis from a healthcare provider is required for eligibility. However, a medical doctor cannot simply write a prescription for special education services. The educational impact of the health condition and the recommendations of a physician should be interpreted by the school nurse and considered by the IEP team; but only the IEP team, including the parent, can determine what educational services are warranted.

Students who are eligible for special education are entitled to individualized instruction or *modifications* to the curriculum under an IEP. Keep in mind that not every child who undergoes a full and individual evaluation qualifies for special education or school nursing as a related service. That is a good thing! When a student's disability poses barriers to learning but does not necessitate specialized instruction, a Section 504

Plan may be indicated (U.S. Department of Education, Office for Civil Rights, 2010). A student who qualifies for a Section 504 plan has the right to extra protections against discrimination at school based on the disability; in other words, the student is entitled to *accommodations* within the general curriculum.

The Individualized Education Program

Once the student is deemed eligible, the individualized education program (IEP) is outlined. Remember that the *P* in IEP stands for individualized education *program*—not *plan*, a common mistake. The IEP meeting may take place immediately following the eligibility determination meeting, or a subsequent meeting may be scheduled. Delaying the meeting to a later time is prudent in the face of time constraints, or when a parent needs more information, contests the evaluation findings or recommendations, or simply wants more time make a decision as to whether the child needs special education services.

During the IEP meeting, the team (always including the parent) should develop the educational program for the student. It is important that each member of the IEP team come to the meeting prepared to discuss the findings and to contribute potential plans to benefit the student. Many school districts use an electronic IEP platform where team members input their professional recommendations prior to the eligibility and/or IEP meeting. However, it is a grievous procedural error and possible denial of FAPE if the IEP team "predetermines" eligibility and/or special education services without parent input or without being amenable to revision (Yell, Katsiyannis, Ennis, & Losinski, 2013). The written IEP should be documented in real time at the meeting according to the discussion of the child's special needs. Remember—nothing is final until there is agreement among the team, the parent gives consent, and all parties have signed the IEP. A case study

Table 1. IEP Case Study: School Nursing Services for a Student With ADHD

5th-Grade Boy With Attention Deficit Hyperactivity Disorder: Other Health Impaired
PLAAFP: Michael has a diagnosis of ADHD. He has difficulty staying on task and completing assignments. His teacher reports that he is struggling in math and reading. He is frequently absent from the classroom due to disruptive behavior. Michael takes medication daily at lunchtime to increase concentration and lesson distractibility.
Example of Annual Goal 1^a: Michael will experience minimal loss of instructional time secondary to ADHD symptoms by adhering to medication regimen at school.
Objective^b: Michael will report to the health office at lunch time (S) for his ADHD medication (R) without adult prompting (A) 2/5 days ^c (M) in the first quarter (T), 3/5 days in the second quarter, 4/5 days in the third quarter, and 5/5 days by the end of the fourth quarter.
Example of Annual Goal 2: Michael will participate in self-care management of ADHD at school.
Objective: Michael will tell the school nurse (S) at least two potential positive effects and two potential side effects (A) of his ADHD medication (R) twice a week with 70% accuracy in the first quarter, 80% in the second quarter, 90% in the third quarter, and 100% accuracy in the fourth quarter (M) (T). Objective: Michael will report if he is experiencing positive effects or side effects of the ADHD medication (S) (R) by appropriately placing a thumbs-up or thumbs-down sticker (A) on a calendar chart in the health office without prompting 2/5 days (M) in the first quarter (T), 3/5 days in the second quarter, 4/5 days in the third quarter, and 5/5 times by the end of the fourth quarter.
School Nursing Services and Placement: The school nurse will administer medication for ADHD to Michael daily in the health office. The school nurse will monitor and record his status and progress related to ADHD: 15 minutes × 5 days per week = 75 minutes per week.

Note. The table provides examples of possible IEP language for hypothetical cases. This is not an official IEP form. PLAAFP = present levels of academic achievement and functional performance; ADHD = attention deficit hyperactivity disorder.

^aGoals and objectives are always based on the unique needs of the individual student: There is no one correct way to write IEP goals and objectives.

^bSMART objectives: S = specific; M = measurable; A = achievable; R = relevant; T = time-bound. The SMART acronym is intended as a self-check and does not belong in an actual IEP. ^cThe ratio of achievement to opportunity.

with example IEP language for school nursing services is offered in Table 1.

Student-Centered Goals and Objectives

All related services covered in the IEP must have measureable annual goals, including school nursing and school health services (IDEA, 2004). An annual goal is a broad statement of what the student can achieve within one academic year in each domain affected by the student's disability, given that the special education services provided are effective (Heward, 2015). Under IDEA 2004, annual goals are always prefaced by a statement of the student's current baseline status, called the "present levels of academic achievement and functional performance" (PLAAFP) (§300.320). The PLAAFP is a concise statement that informs the annual goal by describing what the child understands (academic achievement) and/or can do (functional performance). The PLAAFP considers the

child's strengths, challenges, and needs. School nurses can base the PLAAFP on the information gleaned during the evaluation for special education and highlighted in school nurse report summary (see Part 1: Yonkaitis & Shannon, 2017).

Health-related annual goals must be educationally relevant and developmentally appropriate. "The student will be responsible for self-management of fluctuations in blood sugars secondary to type 1 diabetes in order to minimize loss of instructional time" may be a good example of an annual goal for a student in high school but not for a kindergartener. Educational relevance can be highlighted by relating the goal to specific state learning standards in the areas of health, growth, or development, as required in some states.

Annual goals must be measureable (Heward, 2015; IDEA, 2004). A logical way to outline progress toward measureable annual goals is to write

associated IEP objectives, sometimes called *benchmarks*. Interestingly, IDEA 2004 does not expressly state that IEP objectives must be written, but how else can the annual goal be measured? Therefore, it is common best practice to write objectives to measure goals, and many states require them.

To write effective objectives, use the acronym SMART (Specific, Measureable, Achievable, Relevant, and Time-bound) (Centers for Disease Control and Prevention, 2009). SMART objectives use student-first language and quantifiable action verbs to state exactly what the student is expected to do. Good examples might be "the student will *state* three triggers of an asthma episode" or "the student will *demonstrate* proper metered-dose inhaler technique" (Specific) (Measureable). An example that is not student-centered is to say "the *nurse will* administer the metered-dose inhaler to the student." Avoid vague verbs that are difficult to quantify such as *learn*, *understand*, or *know*. Make it

clear how the student learns, understands, or knows. Indicate the frequency of success in terms that can be easily documented, for instance: percentage of time (70%, 80%, 90%) or the ratio of attempts to achievement (3 of 5 times, 4 of 5 times). Strive to meet adequate yearly progress by completing the objective 100% of the time or in 5 out of 5 attempts by the goal anniversary (Achievable). Be mindful that IEP objectives are *educational*, so they should always align the action toward achieving the annual goal (Relevant). Stipulate the time period over which the progress will be evaluated (Time-bound). Additionally, progress in meeting the objectives toward achieving the annual goal must be reported to the parent. It is the school nurse's responsibility to continuously evaluate the student's progress, document status in the student's health record, and communicate with the parent as indicated. Careful consideration needs to be given to how progress will be formally communicated home. Effective strategies include sending charts or logs home weekly or monthly or including a summary note with the quarterly report card.

Educational Services Placement and Minutes

The final part of IEP development is determining educational service placements and minutes. Where and how often will the student receive special education services? With parental input, each member of the IEP team describes the student's educational and related services, including the number of minutes of service the student will need each day and the environment in which the minutes will be administered. This is the place in the IEP where school nurses state what they are going to do for the student. Be sure to indicate the school nurse as the provider of services by role only and not personal name because district nursing assignments may change or the student may transfer to different school. The school nurse should make sure that the school nursing and health services in the IEP actually require

administration or supervision by a nurse (as allowed by state Nurse Practice Act delegation rules). For instance, do not include diaper changes as a school nursing or health service, as changing diapers does not require a nursing license!

School nursing care is dynamic and changes in response to the student's health status. Nursing care of the student will be much more involved than what can or should be outlined in the IEP. The school nurse should document the scope of care in the student's individualized healthcare plan (IHP) (Gibbons et al., 2013; NASN, 2015). Then, in the IEP, the school nurse can reference the current medical orders and IHP on file in the health office to account for the scope of school nursing and health services needed. This strategy may avert unnecessary revisions to the IEP in the likely event that medications or procedure orders change. Other relevant plans should be referenced as well, such as an emergency care plan or evacuation plan, if indicated.

The IEP team must also determine the setting of the educational and related services delivery. IDEA 2004 mandates that special education services be delivered in the least restrictive environment (LRE):

To the maximum extent appropriate, children with disabilities, including children in public or private institutions or other care facilities, are educated with children who are not disabled, and special classes, separate schooling, or other removal of children with disabilities from the regular educational environment occurs only when the nature or severity of the disability of a child is such that education in regular classes with the use of supplementary aids and services cannot be achieved satisfactorily. (§300.114)

Consistent with all IEP considerations, LRE placement decisions are individualized relative to the student's

needs and not the student's disability categorization (Heward, 2015). The IEP designates where the student receives special education services during the course of the school day: inside a general education classroom, in a special education classroom, or at another location such as the health office. The school nurse must think critically about how to maximize social engagement with typical peers and minimize loss of instructional time. Is a gastrostomy tube feeding or catheterization a medical procedure done in the nurse's office? Or simply "lunch" or "toileting" that can take place in a more typical setting?

The school nurse adds the number of nursing services minutes the student needs per day to calculate the total sum of minutes during the designated time interval. Nursing service minutes are required in the IEP if the school district bills for reimbursement (Medicaid). Take the example of a student with tube feedings: *The school nurse will administer gastrostomy tube feedings daily in the lunch room for 30 minutes according to the current medical orders and individualized health plan on file in the health office: 30 minutes × 5 days = 150 minutes/week.* The school nurse should take full credit for the actual time spent on the student's behalf, including time to develop care plans, document in the health record, consult with teachers, monitor status, and communicate with family and medical providers. At times, the school nurse may not provide scheduled daily services. However, he or she does monitor the student's health status closely and consults frequently with school staff. For example, a student with a seizure disorder may not have daily medication but may need an emergency care plan including medication for breakthrough seizures at school. In this case, the school nurse develops an IHP outlining that the school nurse monitors the student closely, develops and trains the school staff on the emergency care plan, and communicates often with teaching staff, family, and healthcare providers. The school nurse figures that these activities take an average of 30 minutes per week

reflected in the IEP as school nursing minutes.

Conclusion

School nurses can think of IEP development as analogous to using a smart phone GPS maps application. The trip (IEP) always starts in the current location (PLAAPF). The destination (annual goal) is arrived at by following step-by-step directions (objectives). The driver (student) needs the car (services) to get where she needs to go. The GPS locator icon shows where the student is (LRE), the miles traveled, and the remaining distance (progress). The route depicts where the traffic is smooth or heavy (evaluation). Following these simple instructions keeps one from getting lost and facilitates reaching the destination in the most efficient and effective way.

The school nurse's contribution to the IEP should parallel that of the other related service professionals in importance and practice. In many districts the school nurse's role in the special education process is well respected. Yet unfortunately in other districts, the school nurse's role in special education is undervalued. Every school nurse should pull up to the IEP table, demonstrate professional expertise,

advocate for student's rights, and improve culture through example. The path is sometimes challenging, but the journey on behalf of the better health and education of children is always rewarding. ■

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