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The Role of the School Nurse in the Special Education Process

Part I: Student Identification and Evaluation

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Every U.S. student is entitled to a free and appropriate education. School districts must identify and evaluate any child who they find is unable to engage fully in learning as a participant in the general education curriculum. The Individuals with Disabilities Education Act of 2004 requires that these students be assessed by qualified individuals in any areas that may be impacting learning, including health, vision, hearing, social and emotional status, communicative status, and motor abilities. The school nurse, as the health expert, has an important role to play as a member of the special education team in evaluating whether a student has health concerns that are impacting learning and how health barriers to learning might be reduced. As part of the full and individual evaluation, the school nurse composes a written report and makes recommendations to the team regarding necessary health services and other modifications the student may need. This article (Part 1 of 2) will outline the school nurse's role in identification and evaluation of students who may benefit from special education services.

Keywords: role of the school nurse; special education; special needs; health assessment; Individualized Education Programs; IEP

The primary role of the school nurse is to ensure that all students are "healthy, safe, and ready to learn" (NASN, 2016). How school nurses accomplish this varies depending on the needs of the school community and the individual students in attendance. All students benefit from the health promotion and direct care provided by a school nurse. However, the school nurse also has a role as a member of the special education team. In the United States, about 14% of students are supported with special education services (U.S. Department of Education, 2016). Therefore, school nurses, as student advocates, need to understand the basics of the special education process as well as the nurse's essential role in identifying, evaluating, and planning for the special education needs of students with health concerns.

Legal support was established for students with disabilities with the enactment of the Americans with Disabilities Act-Section 504 in 1973. The

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Figure 1.



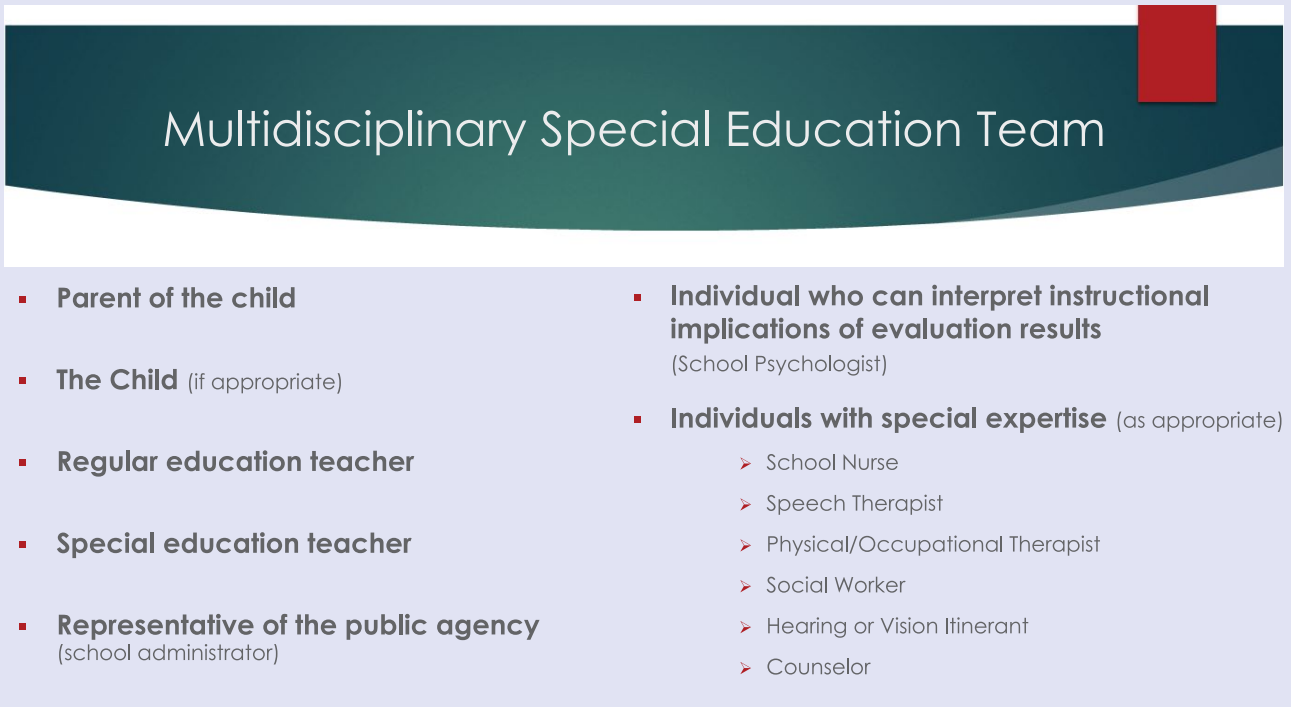
Act ensured that every student was entitled to a free and appropriate education (FAPE) (U.S. Department of Education, 2010). The rights of school children were reinforced in 1975 when the Education for All Handicapped Children Act was passed (U.S. Department of Education, 2010). This was groundbreaking civil rights legislation that provided specialized educational programming for exceptional children. Over the past four decades, reauthorizations of the Education for All Handicapped Children Act have occurred several times, beginning in 1990 with a name change to the Individuals with Disabilities Education Act. The latest reauthorization, titled the Individuals with Disabilities Education Improvement Act, was authorized in 2004 and is often referred to as IDEIA or IDEA 2004 (U.S. Government Publishing Office, 2012). IDEA 2004 provides specific provisions for identifying and evaluating students who may need special education services. It also outlines the rules for Individualized Education Programs (IEPs) as well as procedural safeguards. Three essential concepts of the special education process are: (1) The student's *individualized* needs must be considered throughout the entire process, (2) the parents must have an *equal* role in decision making as team members, and (3) the student must be educated in the least restrictive environment (LRE).

The special education process can be thought of as a set of steps: identification, evaluation, eligibility, IEP services, and special education placement (Figure 1). In this article (Part 1), the processes of identification and evaluation as well as the school nurse's role leading to the student-focused, team-based recommendations as to whether a student qualifies for special education services are described. A subsequent article (Part 2) will discuss the special education steps of eligibility determination, IEP development, and special education placement decisions, including the unique and important contribution of the school nurse to these processes and school nursing care as a related service.

Identification

There are several ways in which a student may be identified as potentially needing special education services including an IEP. Child Find is the identification process that is mandated by IDEA 2004. The Child Find mandate requires that each state adopt policies and procedures to locate and evaluate children with disabilities for special education services. Schools are responsible for providing Child Find services for all children from birth through age 21. The most common example is a state's efforts to identify children who qualify for Early Intervention (EI) services (Fenell, Gilchrist, Katz, Kirkpatrick, & Makofsky, 2016). School nurses along with other school support personnel should be active participants in Child Find activities. Another mechanism for identifying students in need of special education services under IDEA 2004 Subpart D is Response to Intervention (RTI). Using RTI, school districts are permitted to intervene early to assist students who are at risk of school failure. The expectation is that the intervention will help determine if the student is struggling to achieve due to poor or limited instruction or if the student has a specific learning disability. RTI uses tiered early intervention programs to provide targeted support in an effort to see if students can progress in school with the help of the additional evidence-based interventions. While RTI is mandated to assist students with specific learning disabilities, many districts use RTI programs to provide assistance to any student who is struggling academically. If a student does not progress under RTI or if a student has a known intellectual or other qualifying disability, a referral for evaluation for special education in accordance with IDEA 2004 is made (Musgrove, 2011). In addition to these types of referrals, students may also be referred by a parent, health care

Figure 2.



provider, teacher, school nurse, or any member of the school support team who feels evaluation is in the best interest of the child. Any time a student is referred, the evaluation process must be started. In order to proceed with the evaluation, the district must obtain parental consent; once parental permission is granted, the district has 60 days to conduct the evaluation and determine eligibility.

Evaluation for Special Education Services

IDEA 2004 specifies that the purpose of the full and individual evaluation is to determine whether a child is eligible for special education services and uncover all of the student's unique educational needs. The evaluation must be comprehensive, multifactorial, nondiscriminatory, and conducted by qualified professionals covering all areas related to a child's suspected disability (Heward, 2015). IDEA 2004 stipulates that: "Any student who is being evaluated or re-evaluated for special education services shall be assessed in all areas related to the suspected disability, including, if appropriate, health, vision, hearing, social and emotional status, communicative status and motor abilities" (p. 20USC§ 1414). The multidisciplinary special education team is clearly outlined in IDEA 2004 law (Figure 2) and consists of the parent of the child, the child (if appropriate), one regular education teacher and one special education teacher of the child, a representative of the public agency, an individual who can interpret the instructional implications of the evaluation results, and as indicated, any other individuals who have special expertise, including related services personnel such as the school nurse (IDEA Partnership, 2006).

Special education team members and the parent/guardian meet to determine which areas or domains need further evaluation, hence the common term *domain meeting*. This referral meeting is also called an *assessment planning meeting* (Han, Schlotzer, & Cozzola, 2011) but may be called any number of names depending on your state or district. The evaluation categories reviewed in the referral meeting include academic achievement, functional performance, cognitive functioning, communication status, health, hearing and vision, motor abilities, and social-emotional status. The team determines what information is available in each domain/area and what additional information is needed about the student's ability to perform in school. If additional information is needed in a specific domain, the special education team member qualified to collect the needed data is identified (IDEA, 2004).

As the professional health experts, school nurses should be consulted regarding any information needed in the domains of health, hearing, and vision. Unfortunately, all too many school nurses report that they are excluded from the special education evaluation process and that other special education team members conduct the health evaluation. Not only is this inappropriate practice, it is outside of IDEA's mandate. IDEA 2004 specifies that qualified professionals with appropriate expertise in the domain are the only individuals who should conduct the evaluation and determine what additional data are needed (Heward, 2015). In the school

setting, only the registered professional nurse should be designated to conduct a comprehensive health evaluation. At times, school nurses may have to advocate for a "seat at the table" to be included as a member of the special education team.

Full and Individual Evaluation

As with all the domains under consideration, it is important to conduct an evaluation that is broad and multidimensional (Heward, 2015). The fact that a student has a medical diagnosis is reason to consider its impact on learning; however, a diagnosis alone is not an evaluation. The initial comprehensive evaluation is a complete review of a student's medical and health status that helps to answer two basic questions: "Is this health condition adversely affecting the student's educational performance?" and "How can the health barriers to learning be reduced?" The full and individual evaluation should identify all of the student's special education needs, including related services such as nursing and school health services. In evaluating the student for special education, the nurse applies the first two steps in the nursing process: assessment and nursing diagnoses.

The health assessment entails collecting subjective and objective information about the student. The subjective information should include parent/guardian and student concerns about the student's health as well as the educational staff's perceptions about how student's health impacts learning. The school nurse also collects objective information by conducting a complete health history interview. It is recommended that the school nurse use a health history worksheet when interviewing a parent/guardian. (Subsequently, the term *parent* will be used to mean parent[s] and/or guardian[s] of the student.) The same health history worksheet should be used by all school nurses in a district to help ensure that similar data are collected each time a student evaluation is conducted.

Ideally, the school nurse conducts a face-to-face interview or phone interview with the parent that reviews the following: referral and evaluation concerns, school attendance and current special services (if any), social history (family and household structure), significant family health and educational history, gestational and birth history, developmental history, past health history, current health status, and behavioral concerns. The nurse should ask questions about any current health conditions and treatments as well as the types of medication or other treatments the student is taking both at home and at school as well as any allergies to medications the student might have. The assessment of current health status should also include questions regarding the child's sleep habits, food sensitivities or allergies, activity level, eating habits, screen time, and developmentally appropriate questions about risk-taking behaviors. In some districts, the health history interview is conducted passively whereby a survey form is sent home to the parent to be completed and returned. This is often done as a "time saver." Nevertheless, it is imperative that the school nurse contact the parent to review the completed survey, ask further probing questions, and seek answers to questions that are unclear, incomplete, or left blank. It is never appropriate to accept an answer of "normal" or "on time" as there is no way to determine what this means to the parent without additional inquiry.

Objective assessment by the school nurse entails a head-to-toe assessment of the child, including a current height and weight as well as vision and hearing screening results. Additional sources of health data should be sought from school records, reports from treating health care providers, or other pertinent resources. Any time data are sought from sources outside the school, the nurse must obtain written consent from the parent. It is helpful to obtain this consent at the time of initial parental consent for the evaluation. In addition, it is important to let the parent know that you will share pertinent findings with the special education team to determine the best way to assist their child. The parent has the right to request that certain details be kept confidential. However, the nurse should discuss with the parent the importance of communicating the student's unique health and behavioral needs to the team and explain that confidentiality protections according to the Family Educational Rights and Privacy Act will be respected (U.S. Department of Education, 2007). Together, the parent and nurse can decide the best way to share important information with the team without divulging sensitive details.

While the collection of the data discussed previously is valuable, the importance of conducting an observation of the child in his or her educational environment cannot be overstated. Directly observing the student will provide valuable information about strengths, challenges, attitudes, and overall ability to function in the classroom. If possible, the student should be observed in both the classroom and more social environments such as during lunch, recess, or physical education class.

Once the assessment phase has been completed, the school nurse should compose a report, written in full sentences and divided into sections, concisely describing and incorporating all the relevant data collected (see Table 1 for a health report template). The school nurse should use language that lay people understand: Any medical terminology and abbreviations should be clearly described. The school nurse's report is a written translation of the educationally significant health information and ends with the synthesis of the nurse's findings regarding the student's health needs at school. Ideally, this brief summary statement indicates the child's strengths, health difficulties that impact learning, as well as what (if any) school nursing/health services are anticipated to further the student's participation in the education curriculum. In essence, the summary statement captures the nursing diagnoses in lay language, describing to the special education team any problems related to

Table 1. School Nurse Report Template

School Nurse Report

Name of Student:
Date of Birth:
Address:
Phone:
Parent(s)/Guardian(s) Names:
Sources of information:
School: Grade: Teacher:
Date of Evaluation: Age at Evaluation: _____ years _____months School Nurse Name:

The school nurse report should be written in full sentences in language that lay people will understand. Do not necessarily include all the information collected in the health history worksheet. Synthesize relevant data that will support your school nurse recommendations regarding health services and inform the educational team and family about special education eligibility and possible placement and program decisions.

Referral and evaluation concerns:
School attendance and current special services if any:
Social history/ family and household structure:
Significant family health and educational history:
Gestational and birth history:
Developmental history:
Past health history:
Current health status:
Behavioral concerns:
Child observation and health assessment:
Summary of health needs at school:

This is a short summary statement indicating whether or not there are any medical/health/behavioral difficulties that may affect the educational performance. Include strengths. Include what school nursing/health services the student may need.

Signature: Date:

the health domain. These statements then become the basis for determining if special education and related services are recommended based on the evaluation findings in the domain of health (Yell, Conroy, Katsiyannis, & Conroy, 2013). The nurse's report is included in the special education evaluation documentation and presented at the student's eligibility determination meeting. In the case of a healthy child, the comprehensive health evaluation may *not* find any health implications that relate to learning. This finding does not mean that the evaluation was inappropriate or "time wasted." As required by IDEA, school nurses are responsible to ensure that any student struggling in school has a complete health evaluation. It is important to bear in mind that because health issues are not always readily apparent, the school nurse's expertise is needed to determine if there are hidden health concerns.

School nurses have unique knowledge and experience that are essential for the proper identification and evaluation of student health and related barriers to learning. Professional school nurse health evaluations contribute to informed team decisions about special education eligibility and set the stage for appropriate individual education programming in the next steps of the special education process (outlined in forthcoming Part 2). School nurses are integral to ensuring the civil rights of *all* students so they can achieve optimal academic success and well-being at school. ■

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