



Linking People and Resources

Training and Technical Assistance Centers Virginia Department of Education

Publication information: Copyright "Autism E-News" 2003, 2004, 2005, 2006, 2007, 2008, 2009. All Rights reserved. Copies may be distributed without alteration electronically free of charge. This newsletter may be reproduced without alteration, for non-commercial purposes without prior permission. "Autism Enews" does not assume responsibility for advice given. All advice should be weighed against your own abilities and circumstances and applied accordingly. It is up to the reader to determine if advice is safe and suitable for their own situation.

Autism E-News Volume 7, Issue 3 January 2009

Our January enews article is written by Susan C. Hawkins, Associate Director/Autism Program Specialist in the School of Teacher Education at Missouri State University. Ms. Hawkins has published extensively and given numerous state, regional and national presentations on autism. We are pleased to present her article on Medical Diagnosis and Educational Determination.

Medical Diagnosis vs. Educational Determination A Distinction that Makes a Difference

Written By:

Susan C. Hawkins, Lecturer,
College of Education, Southwest Missouri State University
Melody Kroll, Editor, CISE

Early in the school year, Mike's home room teacher became concerned when he noticed that other students didn't include Mike in their conversations. Mr. Richards knows that Mike is a bright student; although, he is struggling in math class this year. At a parent-teacher conference, Mike's parents told Mr. Richards that a neurologist had diagnosed Mike recently with Asperger's disorder. The neurologist wants Mike to see a psychiatrist on an ongoing basis and to receive special help at school. His parents wanted to know what services the school would give Mike and how the psychiatrist could be paid. Mr. Richards told them he didn't know what was possible, but set up an appointment for them to meet with him and the school's director of special services.

With the growth of inclusive classrooms, increasingly more general education teachers, like Mr. Richards, are finding themselves fielding questions from parents about special education services. In the April 2005 issue of *Missouri Innovations in Education*, Terri Chasteen, in her article *Mom, Can You Hear Me Now?*, talks about why it is important for special educators to avoid breakdowns in lines of communication with parents. However, what can we do when parents' initial contact with special education services comes through the general education teacher?

General education teachers may have questions, too. They may wonder why one student with behavioral problems receives special education services while another student with similar behaviors does not. Likewise, they may wonder why one student with a hearing impairment has lecture notes prepared for him while another student with a hearing impairment in another classroom has use of an interpreter. Questions like these are natural, and they are bound to increase as classrooms become more inclusive.

As a member of the larger community of educators, it is important for special education teachers to make sure that all our general education colleagues and parents are well informed about the special education process. An awareness of the distinction between a medical diagnosis and an educational determination of a disability is valuable information. The distinction explains why some students receive special education services and others don't and how that determination is made.

Medical Diagnosis vs. Educational Determination

Mike's parents walked into his school convinced that all they had to do was present their child's medical diagnosis and he would be given the services requested by his physician. Parents are often surprised to find out, however, that a medical diagnosis of a disability doesn't automatically entitle a student to special education services under the Individuals with Disabilities Education Act (IDEA). Eligibility for special education services is based, rather, on an educational determination of a disability.

There are many differences between a medical diagnosis and an educational determination of a disability. A medical diagnosis is made by a physician based on an assessment of symptoms and diagnostic tests. A medical diagnosis of autism, for instance, is most frequently made by a physician according to the diagnostic and statistical manual (*DSM-IV*) of the American Psychological Association (1994). This manual guides physicians in diagnosing autistic disorder, Asperger's disorder, and pervasive developmental disorder-not otherwise specified according to a specific number of symptoms.

An educational determination, in contrast, is made by a multidisciplinary evaluation team comprised of various school professionals. The evaluation results are looked at by a team of qualified professionals and the parents to determine whether a student qualifies for special education and related services under IDEA. Unlike physicians who may choose from a variety of medical disorders, the multidisciplinary evaluation team is limited to the 14 disability categories of educational disabilities identified in the *Regulations Governing Special Education Programs for Children with Disabilities in Virginia (2002)*. These disability categories are:

- Autism
- Deaf-blindness
- Developmental Delay
- Emotional Disturbance
- Hearing Impairment/Deaf
- Learning Disability
- Intellectual Disability (previously named Mental Retardation)
- Multiple Disabilities
- Orthopedic Impairment
- Other Health Impaired
- Severe Disabilities

- Speech or Language Impairment
- Traumatic Brain Injury
- Visual Impairment

Most members of the public are accustomed to dealing with a large variety of medical disorders. Parents and some general education teachers often react with surprise when they find out that there are only 14 educational disability categories. Obviously, these 14 categories don't cover all possible medically diagnosed disabilities. The role of the team is to consider the medical diagnosis along with learning problems and behaviors displayed by the student to determine if the student is eligible for special education under one of these 14 categories.

In Mike's case, the medical diagnosis of Asperger's disorder isn't one of the 14 special education categories available, but it is one of the pervasive developmental disorders (PDD) commonly called autism spectrum disorders (ASD) (American Psychiatric Press, 1994). Since Mike's medical disability is part of the larger category of ASD/PDD, the evaluation team would likely search the medical report for behaviors which fall under the educational autism category, but may also see if he is eligible for special education services under a different disability category.

The fundamental distinction between a medical diagnosis and an educational determination, however, is the impact the condition has on student learning. The role of the team is to determine what, if any, impact a student's disability has on his or her learning. Their job is to look at the disability in the context of a learning environment, specifically the classroom. It is, therefore, possible for a student to have a medical diagnosis of, say, autism, but not be considered a child with a disability under IDEA. Likewise, it is possible for a student to meet the eligibility criteria of a student with autism under IDEA but not have a medical diagnosis of autism. The difference is the adverse impact the condition has on student learning. If a student has been diagnosed by a physician as having a disability, but the multidisciplinary team determines the condition does not impact his or her ability to be involved in and progress in the general education curriculum, then the student will not be found to be a student with a disability and the district will not provide special services under IDEA to that student.

Making an Educational Diagnosis

Like physicians, the multidisciplinary evaluation team will gather information from multiple sources. They must consider information provided by the student's parents, as well as the assessment results obtained during any formal evaluations completed, which may include administering tests and conducting observations. In addition, the team will consider information from the family's medical provider(s), which may offer insight into the student's daily functioning. For instance, if medications are prescribed, there may be a change in the student's behavior and learning abilities. On the other hand, medical treatment may eliminate learning problems that were a manifestation of the disability. Diabetes treatment is such an example. When insulin levels are properly managed, the student is not likely to experience the learning problems he or she otherwise experiences. An ideal medical report includes much more than a diagnostic label. A school team should receive detailed medical reports, from which the team can pull behavioral and learning information.

Tammy, for instance, has difficulty with task completion, which manifests itself as a problem getting work finished at school and as frequent chatting with students near her. Mrs. Everett, her homeroom teacher, felt more needed to be done to address Tammy's problems, but she couldn't squeeze any more individual instruction time into the school day. Tammy's mother shared that Tammy's scattered behavior occurred at home, too. While a formal evaluation was being completed by the

multidisciplinary team, Tammy's doctor diagnosed her with attention deficit disorder (ADD) and prescribed medication. The evaluation team reviewed this information along with all the evaluation results at the evaluation meeting.

Similar to Mike's case, Tammy's medical diagnosis of ADD is not one of the available 14 disability categories in the *Regulations Governing Special Education Programs for Children with Disabilities in Virginia (2002)*. The team will need to carefully review all of Tammy's learning problems in several environments and take into account behavioral changes due to medication. The medical report probably contains behavior descriptions which would help the team assess her functioning across environments. Tammy's learning problems and behaviors may demonstrate eligibility under one of the available disability categories, such as learning disabilities, language impairment, or other health impaired. The responsibility of the school evaluation team is to look beyond labels to identify the learning characteristics of the student. Meshing the medical and educational labeling system requires work, but it's not impossible.

Impact on Services

An educational determination of a disability is used to determine only eligibility for special education and related services. The services he or she receives are not based on the disability category, but on the student's current learning needs. This is another distinction that parents and general educators don't always understand.

In Mike's case, the team determined that Mike does qualify for special education services under the category of autism. The services he receives, however, will not be determined by his educational determination of autism but rather on his specific learning needs. This means that another student with an educational determination of autism in the same school or, even the same classroom, may or may not receive the same special education services as Mike. Decisions about services are made by his individualized education program (IEP) team, which includes his parents, and are based on his specific learning needs.

Special education and supplemental aids and supports include specialized direct instruction, special equipment, and therapies such as speech/language therapy, occupational therapy, and physical therapy. All of these services are specifically directed toward remediation of learning problems and enhancement of the student's benefit from, and inclusion in, the general education curriculum and will be tailored to obtain success in reaching the goals outlined in the student's IEP. A student's medical provider may recommend treatment which normally occurs outside the school environment. As a general rule, such medical treatments are covered by the family's insurance or by the family, and occur outside the school day and off the school campus.

Brave New World

The traditional roles of the general education teacher and the special education teacher are increasingly more intertwined. Inclusive education is fast becoming the norm in U.S. classrooms. New, collaborative models of teaching, like co-teaching or class-within-a-class, are more common. In this "brave new world" of education, sharing of knowledge and skills is essential to effective instruction and learning. Moreover, this sharing must be bi-directional.

This sharing needs to occur within the process by which multidisciplinary evaluation teams decide whether students are eligible for special education services. This information can be invaluable to the general education teacher who encounters parents with questions about services for their child. It can

also help them understand why some students in their classroom receive special education services while others do not as well as how those services vary by student. The sharing of this information can go a long way toward helping everyone reach the goal we all share in common—providing the best education for students.

References

American Psychological Association. (1994). *DSM-IV: Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.

Missouri Department of Elementary and Secondary Education: School Laws. (2004). *Missouri state plan for special education: Regulations implementing part B of the individuals with disabilities education act*. Retrieved March 15, 2005, from <http://dese.mo.gov/divspced/stateplan/>

Virginia Department of Education. (2002). *Regulations governing special education programs for children with disabilities in Virginia*. Retrieved January 28, 2009, from <http://www.doe.virginia.gov/VDOE/Instruction/Sped/varegs.pdf>

If you would like to subscribe to this newsletter, go to:
http://www.ttac.vt.edu/autism/sub_autism_eneews.html