

## INFORMATION FOR CASE MANAGERS:

### OBTAINING MEDICAL STATEMENT OR HEALTH ASSESSMENT FROM HEALTH CARE PROFESSIONALS

Oregon statute indicates that medical/health information be considered for certain special education eligibility categories. The Medical Statement / Health Assessment form provides that information for the eligibility team. Specific health professionals are able to complete specific sections of the form; these are defined below for each medical category. **Medical statement** means a written statement issued by a physician licensed by a State Board of Medical Examiners. **Health assessment** statement means a written statement issued by a nurse practitioner licensed by a State Board of Nursing specially certified as a nurse practitioner, or by a physician assistant licensed by a State Board of Medical Examiners. OAR 581-015-2000, OAR 581-015-2130 - 2180. A signed and dated medical report that addresses the required information may be used in place of the Medical Statement/Health Assessment form if issued by the appropriate medical or health professional.

The medical statement/health assessment information must be obtained before eligibility determination. Failure to obtain this information, for eligibility categories that require it, within 60 school days of consent for evaluation is not a permissible reason to miss the federally required timeline to complete the evaluation.

Prior to sending the form to a health professional:

- ✓ Complete child specific information (first row of lines at top of Medical Statement / Health Assessment form).
  - ✓ Complete second row of case manager specific information (second row of lines at top of form describing to whom form should be returned, data needed, and return fax number).
  - ✓ Check one or more of the numbered boxes/row(s) on Medical Statement / Health Assessment form to assist health professional so information needed by eligibility team will be provided.
  - ✓ Review information below to determine the appropriate medical/health professional(s) for child's needs/situation.
  - ✓ Send form to the appropriate medical/health professional to obtain necessary information for IEP team.
- Visual Impairment-Row 1: OAR 581-015-2180 Must be issued by an ophthalmologist or optometrist licensed by a State Board of Examiners.
  - Hearing Impairment-Row 2: OAR 581-015-2150 Must be issued by:
    - For audiological assessment-
      - Audiologist licensed by a State Board of Examiners for Speech-Language Pathology and Audiology.
    - For conductive hearing loss-
      - Physician licensed by a State Board of Medical Examiners, or
      - Nurse Practitioner licensed by a State Board of Nursing specially certified as a nurse practitioner practicing within his or her area of specialty, or
      - Physician assistant licensed by a State Board of Medical Examiners practicing within his or her area of specialty.
    - For sensorineural hearing loss-
      - Audiologist licensed by a State Board of Examiners for Speech-Language Pathology and Audiology.
  - Voice Disorder-Row 3: OAR 581-015-2135(1)(b) Must be issued by an otolaryngologist licensed by a State Board of Medical Examiners.
  - Communication Disorder-Row 4: OAR 581-015-2135(1)(b) If a medical or health diagnosis is needed, form may be issued by:
    - Physician licensed by a State Board of Medical Examiners, or
    - Nurse practitioner\* licensed by a State Board of Nursing, specially certified as a nurse practitioner, or
    - Physician assistant\* licensed by a State Board of Medical Examiners.
  - **Relevant medical Condition that may impact Communication Disorder-Row 4:** OAR 581-015-2135(1)(b) May be issued by:
    - Physician licensed by a State Board of Medical Examiners, or
    - Nurse practitioner\* licensed by a State Board of Nursing, specially certified as a nurse practitioner, or
    - Physician assistant\* licensed by a State Board of Medical Examiners.
  - **Autism Spectrum Disorder, Health Impairment, Orthopedic Impairment, Motor Impairment, or Traumatic Brain Injury-Row 5:** OAR 581-015-2130, 581-015-2165, 581-015-2160, 581-015-2175 May be issued by:
    - Physician licensed by a State Board of Medical Examiners, or

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- Nurse practitioner\* licensed by a State Board of Nursing, specially certified as a nurse practitioner, or
- Physician assistant\* licensed by a State Board of Medical Examiners.
- **Emotional Disturbance, or Intellectual Disability-Row 6:** OAR 581-015-2145 581-015-2155 May be issued by:
  - Physician licensed by a State Board of Medical Examiners, or
  - Nurse practitioner\* licensed by a State Board of Nursing, specially certified as a nurse practitioner, or
  - Physician assistant\* licensed by a State Board of Medical Examiners.

\* Nurse practitioners or physician assistants must practice within area of specialty when issuing form. OAR 581-015-2000 (12)

**The medical or health statement is not a sole determinant and should be used by the team as one element of the evaluation during the consideration of special education eligibility.**