



LOS ANGELES UNIFIED SCHOOL DISTRICT

REFERENCE GUIDE

TITLE: Support for Students with Assessed Health Needs in Special Education Programs

NUMBER: REF-2481.4

ISSUER: Sharyn Howell, Executive Director
Division of Special Education

DATE: May 24, 2010

ROUTING

All Locations
Local District Superintendents
Administrators of Instruction
Directors, School Support
Support Unit Administrators
Psych. Services Coordinators
School Site Administrators
Site Staff working with
Students with Disabilities
Nursing Administrators
School Nurses

PURPOSE: The purpose of this reference guide is to provide guidance to schools regarding the processes and procedures for providing support to students with disabilities who have assessed health needs.

MAJOR CHANGES:

- This reference guide addresses health needs only.
- The requirements and procedures for determining the need for behavior support were updated in REF-5052.1: *Guidelines for Determining Appropriate Behavior Instruction and Intervention*, dated March 1, 2010.
- The requirements for school sites to maintain a “School Matrix for Special Education Program Support” were updated in REF-5104.1: *Directions for Completing the “School Matrix for Special Education Program Supports,”* dated April 19, 2010.

DEFINITIONS:

- The type and level of special education supports designed to meet a student’s assessed health needs are identified and documented in the student’s Individualized Education Program (IEP). The persons appropriate to deliver these supports are determined by District Nursing Services.
- Existing school site resources are systems, programs, supports and, personnel that have the shared responsibility to provide for the safety and well-being of all students. School site personnel include administrators, teachers, related service providers, teacher assistants, supervision staff (e.g. campus duty and/or noon aides), Health Care Assistants (HCAs), special education assistants/trainees and other members of the school community.

REQUIREMENTS:

- A health need, including the specific type and level of assistance required to support a student, will be determined by District Nursing Services.
- The Principal is responsible for the special education programs at their site in collaboration with Support Unit. These staff members will analyze the school’s existing resources to determine how best to support students with assessed health needs.



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- REQUIREMENTS:**
- There are circumstances when services for health needs must be provided while additional personnel are processed. These include:
 1. Students entering the District with an active IEP from another state, county or city.
 2. Students who move into an attendance area from another District school.
 3. The interim period between a parent consenting to an IEP and personnel being processed.

In these circumstances existing resources currently at the school site must be utilized.

PROCEDURES: Determining the Need for Health Support

I. Required Documentation:

- a. For students requiring support in the area of health, the school nurse must annually provide a Present Level of Performance (PLP) in the area of health derived from a present review of records and the results of the Initial or Three Year Re-evaluation Health Assessment. The PLP should include:
 - A description of the specific health needs of the student.
 - The impact of the disability on the student's school day.
 - A description of the student's independence in meeting their health needs.
 - Supports and/or accommodations to address assessed health needs, including a review of the current supports. A statement identifying any part of the instructional day, including transportation, if applicable, when intensive program support is needed, and the level and frequency of the support as described in the PLP.
- b. In collaboration with the site administrator, the school nurse should complete the form, "*Review for Support Services Due to Health Needs*" (Attachment A) and submit it to the District Nursing Services for review prior to the IEP meeting.
- c. District Nursing Services returns the completed form to the IEP team for review.
- d. The IEP Team determines and documents the final determinations on the IEP.

ATTACHMENTS: Attachment A: "Review for Support Services Due to Health Needs"

RELATED

- RESOURCES:**
- Special Education Policies and Procedures Manual, *Determining Transportation as a Related Service*, pgs. 215-236, July, 2007.



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RELATED RESOURCES:

- BUL-2030: *Guidelines for an Individualized Health Assessment and the Participation of the School Nurse in the IEP Process*, dated October 21, 2005.
- BUL 5003.3 *Transportation Guidelines for IEP Teams*, dated January 25, 2010.
- REF-5052.1 *Guidelines for Determining Appropriate Behavior Instruction and Intervention*, dated March 8, 2010.
- REF-5104.0 *Directions for completing the "School Matrix for Special Education Program Supports"* dated April 19, 2010.

ASSISTANCE:

For assistance contact your Support Unit Administrator:

- | | |
|-------------------------|--------------------------------|
| ▪ North: (818) 256-2800 | ▪ Central/West: (323) 421-2950 |
| ▪ East: (213) 241-0101 | ▪ South: (310) 354-3431 |

Or you may e-mail the following Program/Fiscal Accountability Unit Specialists:

Vivian.Perez@lausd.net

Support Unit North and Support Unit Central-West

Eva.Kurtz@lausd.net

Support Unit South and Support Unit East

LOS ANGELES UNIFIED SCHOOL DISTRICT
Student Health and Human Services

REVIEW FOR SUPPORT SERVICES DUE TO HEALTH NEEDS

SCHOOL NURSE COMPLETES THIS FORM IN COLLABORATION WITH THE SITE ADMINISTRATOR PRIOR TO THE IEP MEETING

Initial **Continuing**

Student Name:	Student ID#
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School:	Phone:	Fax:
Grade:	<input type="checkbox"/> General Ed Class <input type="checkbox"/> Special Day Class	

School Nurse:	IEP Date:
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Health needs requiring support:

Does the student's condition require continuous monitoring and supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, describe specific health needs:

Check the specialized physical health care procedures that the student requires:

- Gastrostomy Feedings** **Oxygen Therapy**
- Catheterization** **Tracheostomy Care and Suctioning**
- Oral Suctioning** **Dysreflexia Procedure**
- Other:** _____ **Gastrostomy Tube Replacement**

The student requires services from a Licensed Nursing Provider for the following reason:

School Nurse: Please fax this form to District Nursing Services at (213) 765-3868. If a need becomes known during the IEP meeting, call District Nursing Services for consultation at (213) 765-2800.

District Nursing Services (DNS) Review: _____

DNS Signature: _____ **Date:** _____