
MEDICAL HISTORY AND PROFESSIONAL LICENSING REQUIREMENTS FOR SPECIAL EDUCATION ELIGIBILITY GUIDELINES

UTAH STATE BOARD OF EDUCATION

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Medical History and Professional Licensing Requirements

This document provides guidance regarding the need for a medical history to determine eligibility for special education categories with a health-related disability. Licensing requirements for professionals who can provide a medical history are included based on the alignment of Utah State Statute and Utah Administrative Code with the current Utah State Board of Education Special Education Rules (USB E SER). The medical history must be completed by personnel who can meet the legal and ethical obligations connected to the professional licenses outlined in this document.

LEGAL CITATION KEY

Code of Federal Regulations (CFR)

Utah Administrative Code

Utah Code Annotated (UCA)

Utah State Board of Education Special Education Rules (USB E SER)

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PURPOSE OF GATHERING A MEDICAL HISTORY

The disability categories that require a medical history in the USBE SER are categories founded on a health-related disability. Although the Individuals with Disabilities Education Act (IDEA) and USBE SER do not require a medical diagnosis, all categories requiring a medical history have treatment and care options which likely include syndromes, medications, and other health concerns that must be considered by the school evaluation team.

Providing a free appropriate public education (FAPE) to a student with a disability may be impacted by the syndromes, medications, and other health concerns of that student. Thus, they must be considered to address that student's educational needs. The medical history allows for a health professional to explore options with families that may not have been considered previously in the student's health history but could dramatically alter the way the student is served in the school environment.

The medical history may help the evaluation team determine whether a student would be best served with accommodations provided as required in a Section 504 Plan or with specially designed instruction provided as required in an Individualized Education Program (IEP). If a student is found eligible under one of the IDEA eligibility categories that requires a medical history, the medical history should provide essential information for the IEP team to develop programming that addresses the unique needs of the student. Failure to acquire and understand the medical history and needs of a student could result in a denial of a FAPE.

QUALIFIED PROFESSIONALS

QUALIFIED HEALTH PROFESSIONAL

An individual who has the requisite training and licensure and functions in the role of providing **medical information to** the school evaluation team consistent with his/her professional license. This person could be the student's physician, nurse, or other healthcare professional (USBE SER I.E.37).

QUALIFIED MENTAL HEALTH PROFESSIONAL

An individual who has the requisite training and licensure and functions in the role of providing **developmental and mental health information to** the school evaluation team consistent with his/her professional license. This person could be the student's psychologist, school psychologist, or social worker (USBE SER I.E.38).

NOTE: *The definitions above indicate the information must come **from** a professional **to** the evaluation team. This information is reviewed by the evaluation team in addition to the information collected from evaluations they conduct to provide the team with a more comprehensive understanding of the health-related needs of the student.*

REQUIREMENTS FOR HEALTH-RELATED DISABILITY CATEGORIES

AUTISM

The student's prior medical history from a qualified health professional, **regarding any specific syndromes, health concerns, medication, and developmental history** from either a qualified health professional or mental health professional, **must be on record** regarding any information deemed necessary for planning the student's education program (USBE SER II.J.1.c.(2)).

***NOTE:** Prior medical history and developmental history can be combined if completed by a medical professional whose license covers both medical and mental health. However, they can also be completed separately when a medical history is completed by a medical professional such as a physician and the developmental history is completed by a mental health professional such as a psychologist.*

MULTIPLE DISABILITIES

The student's prior medical history, from a qualified health professional, **must be on record if specific syndromes, special health problems (e.g., tracheotomy), medication, and long-term medical prognosis** are a concern for the individual (USBE SER II.J.7.c.(3)).

ORTHOPEDIC IMPAIRMENT AND TRAUMATIC BRAIN INJURY

The student's prior medical history, from a qualified health professional, **must be on record regarding any specific syndromes, health concerns, medication**, and information deemed necessary for planning the student's educational program (USBE SER II.J.8.c.(2); USBE SER II.J.12.c.(2)).

OTHER HEALTH IMPAIRMENT

The student's prior medical history, from a qualified health professional, **must be on record regarding any specific syndromes, health concerns, medication**, and information deemed necessary for planning the student's educational program. Each individual who provides health information may only provide information consistent with the parameters of his or her Utah professional licensure (USBE SER II.J.9.c.(2)).

MEDICAL HISTORY COMPONENTS

The rules cited above state the medical history **must** be completed by a professional who can provide **any** information on **all** required components, not just one part in isolation.

HEALTH

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (World Health Organization [WHO], 2014).

Health [is] the extent to which an individual or group is able ... to realize aspirations and satisfy needs ... and to change or cope with the environment. Health is ... a resource for everyday life, not the objective of living; it is a positive concept emphasizing social and personal resources, as well as physical capacities (WHO, 1984).

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NOTE: *Concerns regarding a student’s health can be addressed by any professional who can provide information about the physical, mental, and social well-being of the student and concerns associated with that student’s learning.*

MEDICATION

Medication: A substance used for medical treatment, especially a medicine or drug (Merriam-Webster Dictionary, 2019).

The Practice of Medicine: To diagnose, treat, correct, administer anesthesia or prescribe for any human disease, ailment, injury, infirmity, deformity, pain or other condition, physical or mental, real or imaginary (UCA § 58-67-102).

Administering of Medication: The direct application of a prescription drug or device, whether by injection, inhalation, ingestion, or by any other means, to the body of a human patient or research subject by another person (R156-31b-102).

NOTE: *For the purpose of a special education evaluation, a “qualified health professional” would include any professional whose license or certification requires formal training in the practice or administration of medicine. A health professional must understand medicines and the impact those medications could have on the educational performance of a student.*

SYNDROME

A group of symptoms occurring together to indicate a certain disease or condition is present (The Law Dictionary, 2019).

A combination of medical problems that shows the existence of a particular disease or mental condition (Cambridge Dictionary, 2019).

A group of signs and symptoms that occur together and characterize a particular abnormality or condition (Merriam-Webster Dictionary, 2019).

NOTE: *Syndromes are not necessarily a diagnosis, but characteristics. Syndromes can be determined by medical professionals (physicians, surgeons, psychiatrists, etc.) or mental health professionals (psychologists, social workers, etc.) with the use of the DSM-5 or other medical or mental health profession equivalent resource. A medical history must include all components. Syndromes alone do not meet that requirement.*

LICENSING REQUIREMENTS

DIVISION OF OCCUPATIONAL AND PROFESSIONAL LICENSING (DOPL)

The Division of Occupational and Professional Licensing was created to administer and enforce all licensing laws of Title 58, Occupations and Professions (UCA § 58-1-103). The Utah Medical Practice Act and the Utah Mental Health Professional Practice Act outline licensing laws related to medical and mental health professionals.

UTAH MEDICAL PRACTICE ACT

“Practice of medicine” means: (i) to diagnose, treat, correct, administer anesthesia or prescribe for any human disease, ailment, injury, infirmity, deformity, pain or other condition, **physical or mental**, real or imaginary ... (UCA § 58-67-102).

The Utah Medical Practice act applies to physicians and surgeons including but not limited to psychiatrists, pediatricians, general family practitioners, etc. (UCA § 58-67-301).

NOTE: *Physicians and surgeons are also qualified professionals under the Utah Mental Health Practice Act as described below (UCA § 58-60-102).*

There are many medical professionals whose license allows them to diagnose, prescribe, and administer medications and identify syndromes (e.g., podiatrists, veterinarians, gynecologists, etc.) A veterinarian, though a *qualified health professional*, would not provide information that is correlated or relevant to the educational planning of a student. Therefore, when seeking a medical professional to contact about a medical history, the IEP team should consider the alignment between the professional’s scope of work and the student’s disability.

MENTAL HEALTH PROFESSIONAL PRACTICE ACT

‘Mental health therapist’ means an individual ... licensed under this title as:

- (a) a physician and surgeon, or osteopathic physician engaged in the practice of mental health therapy;
- (b) an advanced practice registered nurse, specializing in psychiatric mental health nursing; ...
- (d) a psychologist qualified to engage in the practice of mental health therapy; ...
- (f) a clinical social worker;
- (g) a certified social worker;
- (h) a marriage and family therapist; ... [or]
- (j) a clinical mental health counselor (UCA § 58-60-102(5)).

‘Practice of mental health therapy’ means treatment or prevention of mental illness, ... including:

- (a) conducting a professional evaluation of an individual's condition of mental health, mental illness, or emotional disorder consistent with standards generally recognized in the professions of mental health therapy listed under Subsection (5);
- (b) establishing a diagnosis in accordance with established written standards generally recognized in the professions of mental health therapy listed under Subsection (5);
- (c) prescribing a plan for the prevention or treatment of a condition of mental illness or emotional disorder; and
- (d) engaging in the conduct of professional intervention, including psychotherapy by the application of established methods and procedures generally recognized in the professions of mental health therapy listed under Subsection (5) (UCA § 58-60-102(7)).

NOTE: *The USBE recognizes the role that psychologists have in the diagnosis and treatment of students with disabilities in accordance with established written standards generally recognized*

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in the professions of mental health therapy. The Mental Health Practice Act addresses the ability of a psychologist licensed through DOPL to perform the above activities. However, in connection to the requirements of a complete medical history, a psychologist is unable to prescribe, administer, or discuss medications and their impact on a student's learning.

SCHOOL PSYCHOLOGISTS

School Psychologists are licensed through the USBE under R277-301. The scope of a school psychologist is therefore different from the scope of a psychologist licensed through DOPL.

Individuals providing psychological evaluation services for students with disabilities must hold a Utah education license for school psychologists or State licensure and meet the assessment publisher's criteria for administration (USBE SER IX.I.7). School psychologist licensing requirements are found in R277-506-3.

Psychological services means services provided by a qualified psychologist or school psychologist and include:

- (a) Administering psychological and educational tests, and other assessment procedures;
- (b) Interpreting assessment results;
- (c) Obtaining, integrating, and interpreting information about student behavior and conditions relating to learning;
- (d) Consulting with other staff members in planning school programs to meet the special educational needs of students as indicated by psychological tests, interviews, direct observation, and behavioral evaluations;
- (e) Planning and managing a program of psychological services, including psychological counseling for students and parent(s); and
- (f) Assisting in developing positive behavior intervention strategies (USBE SER I.E.42.c.(10)).

NOTE: *School Psychologists are not licensed to consider the need for medications and the impact those medications may have on student performance. Medications are not within the scope of their work as outlined by the Utah Admin. Code or USBE SER. Therefore, they cannot provide a complete medical history as outlined in the USBE SER.*

NURSES

Definitions (R277-415-2)

- (1) "Advanced Practice Registered Nurse" or "APRN" is a nurse practitioner who may practice as a school nurse, or in a supervisory role.
- (2) "Health aid or clerk" means an unlicensed assistive person who must work under the supervision of an RN.
- (3) "Licensed Practical Nurse" or "LPN" means a nurse who may only assist or work under the supervision of a registered nurse or a medical doctor.
- (4) "Physician" means a licensed doctor with a doctorate in medicine or osteopathic medicine from an accredited college or university.

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- (5) "Registered nurse" or "RN" is a licensed practicing nurse with a degree in nursing from an accredited college or university.
- (6) "Typical school nurse" means a licensed RN specializing in school nursing that serves as a health care expert in a school.

Registered Nurses (RNs)

RN. An RN shall be expected to (R156-31b-703b(2)):

- (a) interpret patient data, whether obtained through a focused nursing assessment or otherwise to: (i) complete a comprehensive nursing assessment; and (ii) determine whether, and according to what timeframe, another medical professional, a patient's family member, or any other person should be apprised of a patient's nursing needs;
- (b) detect faulty or missing patient information;
- (c) apply nursing knowledge affectively in the synthesis of the biological, psychological, spiritual, and social aspects of the patient's condition;
- (d) utilize broad and complete analyses to plan strategies of nursing care and nursing interventions that are integrated within each patient's overall health care plan or [individualized healthcare plan] IHP;
- (e) demonstrate appropriate decision making, critical thinking, and clinical judgment to make independent nursing decisions and to identify health care needs;
- (f) correctly identify changes in each patient's health status;
- (g) comprehend clinical implications of patient signs, symptoms, and changes as part of ongoing or emergent situations; ...
- (j) appropriately advocate for patients by: ... (ii) identifying patient needs; ... and ...
- (l) demonstrate the ability to responsibly organize, manage, and supervise the practice of nursing by: (i) delegating tasks in accordance with these rules and applicable statutes; and ...
- (o)(ii) complete and provide to a patient, prescriptions that have been prepared and signed by a physician in accordance with the provisions of Section R58-17b-620

An RN can delegate tasks as outlined in R156-31b-701 and R156-31b-701a. As a delegator, the RN retains accountability for the appropriate delegation of tasks and for the nursing care of the patient. The delegator may not delegate to unlicensed assistive personnel any task requiring specialized knowledge, judgement, or skill of a licensed nurse.

NOTE: *Based on the definitions of nurses, a school nurse would need to be licensed, at minimum, as an RN to meet compliance obligations of providing a medical history. Any nurse credential below that of an RN has not completed the licensing exams, clinical experience, or training necessary to address the required pieces of a medical history.*

COMPLIANCE SUMMARY

In aligning the USBE SER with the licensing requirements discussed above, the following chart includes examples of professionals commonly considered when a medical history is needed. The bulleted items indicate allowances under each license. Professionals whose license allow

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them to speak to syndromes AND medication can provide a complete medical history. As this is not an exhaustive chart, refer to DOPL, UCA, the Utah Admin. Code, and the USBE SER for additional information.

License	Syndrome Identification	Medication	Scope of Care	Medical History?
Physicians and Surgeons Pediatrician General Family Practitioner Psychiatrist Etc. <i>(Specialty areas are not specified under licensing)</i>	✓ Diagnose (NOT required for eligibility) ✓ Identify characteristic patterns of a specific disorder ✓ Interpret patient data	✓ Consider potential need ✓ Administer ✓ Prescribe ✓ Inform parents ✓ Identify and address side effects and impact on educational performance	✓ Medical ✓ Mental	Yes
Nurses Advanced Practice Registered Nurse (APRN) Physician Assistant (PA) Nurse Practitioner (NP)	✓ Diagnose (NOT required for eligibility) ✓ Identify characteristic patterns of a specific disorder ✓ Interpret patient data	✓ Consider potential need ✓ Administer ✓ Prescribe (with doctor consultation) ✓ Inform parents ✓ Identify and address side effects and impact on educational performance	✓ Medical ✓ Mental	Yes
Nurses Registered Nurse (RN)	✓ Identify characteristic patterns of a specific disorder ✓ Interpret patient data	✓ Consider potential need ✓ Administer ✓ Inform parents ✓ Identify and address side effects and impact on educational performance	✓ Medical ✓ Mental	Yes
Nurses Licensed Practical Nurse (LPN) Certified Nursing Assistant (CNA)	✗ No allowances	✓ Administer	✓ Medical	No
Mental Health Providers Psychologist School Psychologist	✓ DSM-5 ✓ Diagnose (NOT required for eligibility)	✗ No allowances	✓ Mental	No

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License	Syndrome Identification	Medication	Scope of Care	Medical History?
Social Worker	<ul style="list-style-type: none"> ✓ Identify characteristic patterns of a specific disorder ✓ Interpret patient data 			

All other professionals in the medical field who understand and are licensed to address syndromes, medications, and health concerns of a student and can have conversations with families regarding the health-related needs of a student can complete a medical history.

NOTE: *Eligibility is a school evaluation team decision, and all requirements of an eligibility category must be met for compliance; the medical history is only one possible requirement.*

Completing category requirements should provide the evaluation team with information relevant to the students' educational planning. When using the medical history, the team should consider the relationship between the medical history, other formal and informal testing, student needs, and student performance.

When classifying a student with a disability the team must still be able to explain:

- *That the disability has an adverse impact on the student's educational performance*
- *That the student requires special education and related services*

FREQUENTLY ASKED QUESTIONS

Q1. Why does the USBE SER require additional information that is not required for eligibility in the federal rules?

A1. IDEA's purpose includes assisting States to provide for the education of all students with disabilities through establishing State standards (20 USC §1400(c)(6); 34 CFR §300.1(c); and USBE SER I.A.3.). IDEA grants States rulemaking authority that conforms with IDEA and enables students with disabilities to meet the challenging state student academic achievement standards (20 USC §1407; 34 CFR §300.199; UCA 53E-7-204; and USBE SER I.B.).

State standards for determining eligibility under each disability category are outlined in USBE SER II.J. These standards conform with IDEA and enable students to meet academic and achievement standards. Standards for determining eligibility have been adopted as rule in accordance with state and federal law (20 USC §1407; 34 CFR §300.199; UCA 53E-7-204; and USBE SER I.B.).

***NOTE:** Specific Learning Disabilities is the only disability category in the Code of Federal Regulations with additional eligibility procedures specifically outlined (34 CFR §§300.307-300.311). It is therefore up to the State to determine standards (including medical history) for determining eligibility in all other categories.*

Q2. What information is a medical history providing that is necessary for eligibility/IEP development?

A2. A complete medical history might provide information about a student's basic needs that may impact the student's education (e.g., health, diet, sleep, medications being used, side effects of medications, times in which medications might wear off, etc.).

A complete medical history can provide the IEP team essential information to inform programming for a student. School professionals can use this information to know when to consult further with parents and medical professionals if the student is not making progress.

Sometimes medications are not needed for a student, but the complete medical history allows the school evaluation team to certify that medications and the complete medical history were considered. State law and licensing requirements prevent the members of the eligibility team from discussing or considering the need for medications with families.

Q3. How does an LEA acquire a medical history without delaying eligibility for a student?

A3. Start conversations about the complete medical history early and don't wait until the eligibility meeting to discuss medical history with parents. When the team is doing the data review and consent, it must consider all areas of suspected disability. This is a great time to discuss the purpose and impact a complete medical history could have on the eligibility and programming of the student.

Provide options to the parents for how they could get a complete medical history:

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- If the student has a medical professional who is providing care, then the doctor, nurse practitioner, or physician’s assistant could provide a complete medical history.
- Have the school nurse (if licensed appropriately) contact the family and develop a medical history. This option is within the resources of the school to make sure a complete medical history is being considered.
- Some students meet the eligibility requirements for more than one classification. The evaluation team must consider the need for the complete medical history for providing a FAPE. Keep in mind that any new information provided to the team can be reconsidered at any time to best meet the needs of the student.

Q4. When a primary care physician is unable to see the student, what options are there for an LEA to obtain a medical history?

A4. Start conversations about the complete medical history early instead of waiting until the eligibility meeting to discuss medical history with parents. When the evaluation team is completing a data review and getting consent, this is a great time to discuss the purpose and impact a complete medical history could have on the eligibility and programming of the student.

Have the school nurse (if licensed appropriately) contact the family and develop a medical history. This option is using an LEA-provided medical professional to make sure a complete medical history is being considered.

Q5. When a physician provides a medical history that just says a student has a diagnosis of [DIAGNOSIS], how does the evaluation team ensure the medical history provided is compliant and provides the information about syndromes, medications, and other health concerns?

A5. If the team has concerns that are not addressed with the physician’s note, have the school nurse (if appropriately licensed) contact the family and develop a complete medical history. This option is within the resources of the school to make sure a complete medical history is being considered.

Sometimes a student doesn’t have medications or any other health concerns. The rule states the medical professional must provide information about any syndromes, medications, health concerns, or other information deemed necessary.

Q6. How does the evaluation team respond when a medical history was requested but parents refuse to provide any information to a nurse or doctor for a medical history to be developed (e.g., religious beliefs, immigration status, refugee status, etc.)?

A6. Try to understand why the family is refusing to provide any information. Develop a relationship with the family and be transparent about the eligibility requirements. Some families have unique needs that may require cultural sensitivity as well.

Exhaust all resources and document the efforts made to develop a complete medical history. Students with refugee status, illegal immigrant status, experiencing

homelessness, etc. may have barriers to providing a complete medical history and may be hesitant to share information with a school nurse. Work collaboratively with parents and translators/interpreters to identify available resources.

Also consider community resources and supports for families with unique needs. Some communities have additional supports for families that can act as a collaborative partner with the school.

Invite the school nurse (if appropriately licensed) to contact the parent, attend the eligibility meeting, or do a home visit to try to acquire a complete medical history.

Q7. How current does a medical history need to be?

A7. In conducting an evaluation, the LEA must ensure that assessment tools and strategies provide relevant information that directly assists persons in determining the educational needs of the student are provided (USB E SER II.F.1.e.(7)).

There is not a specified timeframe for how current a medical history must be in the USB E SER. However, best practice would recommend the team consider new information with each major developmental milestone (e.g., adolescence or major growth that may impact a student's health).

Q8. What options does an LEA have for acquiring a medical history?

A8. Remember that parents are part of the evaluation team and everything the team is discussing should start with the parent.

The parents may have a complete medical history from a healthcare provider they can bring to the school. When the rule states the history must come from a healthcare provider, the healthcare provider must be the one who developed the document.

Sometimes, a medical history has already been provided to the school for a different purpose. Be creative. If you have a medical history as part of guardianship paperwork, court adoption paperwork, or any other source that gives you information needed to plan for a student, it can be used.

Q9. A psychologist at the autism clinic did a thorough comprehensive evaluation on a student. Why doesn't his report count for a medical history? Can I use any portion of the report to develop a medical history?

A9. Psychologists are not licensed to discuss medications and their side effects, or the impact medications may have on a student. Although the report may be comprehensive for the purpose of treatment and mental health, it does not provide the information required for a complete medical history.

Your school nurse (if appropriately licensed) may review the information from the psychologist's report and contact parents to develop a complete medical history for the student.

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