



SPECIAL EDUCATION RESOURCES

The Role of Medical and Clinical Information in Special Education Evaluation and IEP Development

TABLE OF CONTENTS

[Introduction and Purpose](#)

[Special Education \(or IEP Team\) Decision-Making Processes](#)

[Considering Medical and Clinical Information in the Context of Special Education](#)

[Where Does Information from a Medical or Clinical Provider Fit Within the Special Education Process?](#)

[Referral for a Special Education Evaluation](#)

[Comprehensive Special Education](#)

[IEP Development, Review, and Revision](#)

[Summary](#)

[Frequently Asked Questions](#)

[Appendix A: Decision-Making in Educational and Medical or Clinical Settings: A Comparison](#)

[Appendix B: Definitions of Key Terms Used in the Document](#)

Introduction and Purpose

Schools regularly receive medical and clinical information about students from physicians, community-based clinical therapists, or from a student's [parent](#). Such information may include medical or clinical reports about a student's diagnosis, treatment plans, and recommendations for services the provider believes the student should receive in school. There are times when school personnel are uncertain about how to best use this information or their obligation to implement the recommendations from these non-school based providers.

The purpose of this document is to provide guidance to help those involved in the education of students with individualized education programs (IEPs) consider and use medical and clinical information in public education settings. This resource is specific to the use of medical and clinical information within the special education process (special education referral, evaluation, reevaluation, and IEP development and review) and does not apply outside of special education decision-making. This resource provides a summary of requirements, policies, and procedures as well as answers to specific questions Wisconsin DPI frequently receives related to this topic. Key terms used in this document are defined in [Appendix B](#).

For additional information about the use of medical and clinical information by school nurses for students who may need or have an Individual Health Care Plan please refer to the department's [School Nursing and Health Services](#) page.

Special Education (or IEP team) Decision-Making Processes

State and Federal special education law entitles all enrolled public school students with disabilities ages 3 through 21 to a [free appropriate public education \(FAPE\)](#), including students who have been suspended or expelled from school. The provision of special education and related services is governed by decision-making processes focused on the educational impact of a student's disability on their access, engagement, and progress in age and grade level general education curriculum across school settings. There are two main sub-processes during which special education-related decisions are made:

- 1) Comprehensive Special Education Evaluation (and reevaluation), and
- 2) Individual Education Program (IEP) development, review, and revision.

For detailed information about these two processes, refer to the department's guidance on [Comprehensive Special Education Evaluation](#) and [College and Career Ready \(CCR\) IEPS](#).

In addition, all activities related to making special education eligibility and service decisions must adhere to specific [procedural safeguards and due process requirements](#). For example, all special education evaluations and reevaluations must be sufficiently comprehensive and must provide information relevant to making decisions about how to educate the student. [34 CFR §300.304](#).

Throughout the evaluation process, IEP team participants work together to explore, problem-solve, and make required evaluation decisions. When a student is found eligible or found to continue to be eligible, the IEP team uses the information gathered during the evaluation to collectively develop the content of the student's IEP. Developing an IEP "tailored to the student's unique needs" is central to providing FAPE.

The IEP team is the central decision-making group with respect to special education evaluation and IEP. By law, all decisions made during evaluation and IEP development, review and revision are made by the student's IEP team, including the parent. The only minor exception is when the parent and district representative agree to make non-substantive changes to a student's IEP without holding an IEP team meeting with the rest of the team. Changes may be made to a student's IEP without an IEP team meeting provided that the student's parent(s) agree to the changes. This can be done using the DPI sample special education form no. [I-10](#) or an equivalent. Only the student's IEP team may make decisions about a change in placement.

The key points relevant to this guidance, are as follows:

- The **IEP team** is responsible for collecting and considering **all** relevant information about a student when conducting a comprehensive special education evaluation or reevaluation, and when developing, reviewing, and revising a student's IEP.
- A **comprehensive special education evaluation** by the student's IEP team is required before a student can start receiving special education and related services.
- The content of each eligible student's **IEP must be based on recent and relevant information about the educational effects of the student's disability and resulting disability-related needs**, including information provided by the student's parent and current information about student progress.

For all related state and federal requirements see [IDEA Regulations; Chapter 115, Wis. Stats](#); and [PI 11, Wis. Admin. Code](#).

Considering Medical and Clinical Information in the context of Special Education

Where does information from a medical or clinical provider fit within the special education process?

When a student has a medical condition, the IEP team must consider the effects of the condition within the context of the public school environment. Not all students with medical conditions need special education services in school. Outcomes of decision-making teams often lead to:

- students needing special education and related services to address the effects of a medical condition in school;
- students only requiring support and accommodations that can be provided under [Section 504](#) of the Rehabilitation Act of 1973 or through an Individual School Health Plan or an Emergency Action Plan; or
- students that require no special services or support in school beyond those made available to all students.

Discussion about medical vs. educational needs periodically comes up during the IEP process. This most frequently occurs when an IEP team considers whether a student requires related services such as school-based occupational therapy (OT), physical therapy (PT), audiology, school nursing services, or other related services to benefit from special education. It can sometimes be difficult for teams to make such decisions. When having such discussion, the IEP team should keep in mind that the need for IEP services must always be directly connected to an educational need.

School-based special education and related services are not intended to replace the need for medical or clinical treatment and intervention. **A medical condition that does not have a substantial impact on educational performance may require medical or clinical intervention, but not school-based related services.** It is also possible that both may be required. To help make this decision, IEP teams may ask these questions:

- 1) How does the student's condition affect the student's ability to access, engage and make progress in age and grade level educational activities or make progress on IEP goals?
- 2) Does the IEP team need to include personnel with specific medical or clinical expertise to help other IEP team participants or school personnel better understand and address the effects of the student's medical condition in school?
- 3) To what extent are school based services required from a school-based therapist, or other qualified educator?
- 4) Is consultation between a school-based therapist or other qualified educator and the student's teachers sufficient to address the student's medical condition in school settings, or for preschool age students, in natural educational environments?

Also see [Appendix A](#) for a comparison of decision-making processes in educational and medical or clinical settings.

The role of medical and clinical information within special education evaluation and IEP processes and how such information may be considered often depends on when such information is shared. For example, information from medical and clinical providers may be dealt with differently depending on whether the student has already been found eligible for special education and has an existing IEP or whether the student is not receiving special education and related services at the time when the information is shared. In all cases referrals or recommendations from community based medical and clinical providers are important but must be considered within the context of the special education decision-making process and collectively, by the student's IEP team.

Referral for a Special Education Evaluation

An initial special education evaluation is conducted in response to a written special education referral. **In Wisconsin, a physician, nurse, psychologist, social worker, or administrator of a social agency who reasonably believes a child brought to them for services is a child with a disability has a legal duty to make a referral for an initial special education evaluation** to the school district in which the child resides. Before making such a referral, the person making the referral must inform the child's parent that the referral will be made. [Ch 115.777\(1\) § Wis. Stat.](#) In most cases, referrals should be made to the school district in which the child resides.

When a referral is made for a student who has not already been found eligible for special education services, the school must initiate an initial special education evaluation and appoint an IEP team to review existing data and decide what additional information is needed to complete the evaluation. Parental consent is required before the school conducts an initial special education evaluation. See the [DPI webpage on special education Child Find and Referral](#) for more information about making and receiving special education referrals.

In the case of a student who is already receiving special education services, the LEA representative would review any written referral or other recommendation shared by the student's physician or clinician and, as appropriate, may initiate a reevaluation to consider new information or schedule an IEP team meeting to consider needed revisions to the student's IEP.

Comprehensive Special Education Evaluation

An initial special education evaluation is required before any student may receive special education and related services. Once a student has been found eligible to receive such services and has an IEP in effect, a reevaluation is periodically conducted (at least once every three years unless the school and parent agrees a reevaluation is not necessary). All special education evaluations and reevaluations must be sufficiently comprehensive to identify all of the student's disability-related needs.

A parent or school personnel may request a [reevaluation](#) be conducted outside of the three year requirement whenever they believe additional assessment is required to better understand and address the student's needs. A school may only refuse a parent's request for a reevaluation when an evaluation has already been conducted within the past year and there is no new information to consider. If the local education agency were to refuse a parent's request for a reevaluation, it must provide the parent(s) with a written notice of the refusal, the reason for the refusal, and other options considered along with an explanation of the parental rights afforded under federal and state law.

When conducting a comprehensive special education evaluation (including reevaluation), information from a variety of sources is used by the IEP team in the decision-making process. The first responsibility when an IEP team is appointed to conduct an evaluation is to complete a thorough review of existing data to determine if any additional information is needed. For students who have a medical condition that affects their learning, information about **medical or clinical diagnoses and treatment are one piece of important information** the student's IEP team may consider during the special education evaluation process.

IEP teams are required by law to consider all relevant information made available to it during a special education evaluation (including reevaluation), including all information provided by the student's parent(s). Such consideration is made within the context of the student's educational functioning across school environments. **Within the context of special education, a medical or clinical diagnosis cannot take the place of educational assessment required as part of a comprehensive special education evaluation or reevaluation.**

IEP Development, Review, and Revision

An IEP is a written document developed, reviewed, and revised by the student's IEP team including the parent, and when appropriate, the student. Each eligible student's IEP outlines the school's plan for addressing an eligible student's unique disability-related needs. The IEP is the primary means for providing students with a free appropriate public education (FAPE). The department encourages the use of the [College and Career Ready \(CCR\) IEP process](#) to provide a structure for IEP development.

When developing the student's first IEP (often referred to as the student's initial IEP), it is expected that the medical and clinical information considered during the comprehensive special education evaluation was documented in the IEP team's evaluation report. Such information would have been reviewed again before developing the student's IEP. Medical or clinical information that has an educational impact on the student are typically integrated within the IEP descriptions of the effects of an eligible student's disability and the summary of resulting disability-related needs but may be reflected in other sections of the IEP such as current academic achievement and functional performance.

Following the initial development of an IEP and parental consent for placement, the IEP is periodically reviewed and revised as appropriate to address student progress and changing needs. Each student's IEP must be reviewed by the IEP team at least once a year but can be reviewed more frequently to address insufficient progress or at the request of the parent or student's teacher if they believe a change in IEP goals or services is needed to address lack of sufficient progress or new information about the student. As appropriate, the IEP team considers information provided by a medical or clinical provider when determining what special education and related services a student may require.

Outside of the regular IEP review schedule, when a school receives information from the parent or directly from a physician or community-based clinician about the student's medical condition or the physician or clinician believes a student with an IEP requires new or different services in school, the LEA should review the information and decide if the IEP team should be convened to consider the information. School districts must respond to every parental request related to their child's evaluation or IEP and should grant any reasonable parental request for an IEP team meeting. If the local education agency decides to refuse a parent's request, it must provide the parent(s) with a written notice of the refusal, the reason for the refusal, and other options considered along with an explanation of the parental rights afforded under federal and state law. In this specific situation, the only reason an LEA might refuse to consider a request to consider IEP recommendations from a student's medical or clinical provider would be that substantially similar information had already recently been considered and no new information was provided as part of the request.

Summary

Information from a physician or clinician can play an important role in a special education evaluation and identification of students with disabilities as well as in the development of an eligible student's IEP. Information from out-of-school providers often contributes valuable insights into the student's disability-related needs. However, a student's need for special education may not be solely based on a medical or clinical diagnosis. Similarly, special education and related services may not be "prescribed" by a physician or community-based clinician. **Only a student's IEP team, which includes the student's parent, can make decisions about a student with a disability's educational service needs.**

Frequently Asked Questions

1. Can any diagnosed medical condition be considered a disability under federal and state special education law?

Not on its own. A diagnosed medical condition or disorder does not necessarily meet special education eligibility requirements. First and foremost, in accordance with federal and state requirements, a disability must have a significant adverse effect on school performance and must result in a need for specially designed instruction. A school-based IEP team, including the parent, must follow federal and state guidelines and disability category criteria when making special education eligibility decisions. This includes a case-by-case analysis of a wide range of information, including any medical or clinical diagnoses.

2. Does a student with a medical or clinical diagnosis automatically qualify to receive special education services?

No. In general, doctors or community-based clinicians provide a diagnosis in accordance with the standards and requirements of their profession [For example, the Diagnostic and Statistical Manual of Mental Disorders (DSM-5)]. Every such medical condition or disorder does not necessarily result in a significant adverse effect on school performance. For example, a student who has a medical diagnosis of Autism Spectrum Disorder (ASD) or Dyslexia may exhibit a wide range of skills and needs related to their access, engagement, and progress in age or grade level curriculum, instruction and other school activities, and environments. However, whether the student requires special education services, as a result of their medical or clinical diagnosis, or whether their needs can be met with general education supports or accommodations alone, must be determined on a case-by-case basis by the student's IEP team, using IDEA guidelines and disability category criteria. Additional information to help decide when students with a Dyslexia diagnosis may be eligible to receive IEP services can be found in the Department's guidance on [Dyslexia and Specific Learning Disabilities](#) and [Informational Guidebook on Dyslexia and Related Conditions](#).

3. What should a student’s medical or clinical provider do if they believe a student under their care needs special education services?

When a student’s medical or clinical provider believes a school age child needs special education and related services because of the effects of a medical condition, and the student has not previously been found eligible to receive special education services, the provider should submit a special education referral to the student’s resident school district. In Wisconsin, a child’s medical or clinical provider is required by law to make a referral for an initial special education evaluation when they reasonably believe a child brought to them for services is a child with a disability. Before making such a referral, the person making the referral must inform the child’s parent that the referral will be made. [Ch 115.777\(1\) § Wis. Stat.](#)

When a student already has an IEP, a medical or clinical provider who has written consent may share educational recommendations for the school to consider or may share that information with the parent who can share it with the school. Such recommendations will be considered within the school’s IEP process as laid out in federal and state special education law.

4. What should school personnel do if they receive a written “prescription” for school-based special education or related services from a medical professional or a written recommendation for special education or related services from a student’s community-based clinician?

A “prescription” is a written order for dispensing medication or treatment made by a doctor or other medical practitioner. However, ***unlike prescribed medications, other special education and related services are determined by a student’s IEP team.*** As such, medical or community based clinical providers do not “prescribe” special education or related services to be included in a student’s IEP. Instead, such providers may make referrals for initial special education evaluations or recommendations for specific services they believe are medically necessary or beneficial for a student to have in school.

Any “prescription” or other request for special education or related services given to a school by a medical or clinical provider of the student, or by the parent on behalf of the provider, should generally be treated as a recommendation, even when the request for services is written on a physician’s prescription pad. The only exception is when a physician shares information that they believe a previously unidentified student has a disability and need for special education services. When this occurs, the provider should notify the parents that a special education referral has been made. The district will also notify the parent that a referral has been received and will appoint an IEP team to begin the initial evaluation process. Pending the parent’s consent for evaluation, any information provided by the physician will be considered during the comprehensive initial evaluation.

5. Are needs that require medical or clinical services out of school different from educational needs in schools?

Yes. Medical needs are determined by a physician or community-based clinician based on medical criteria. Educational needs are determined by a student’s IEP team which includes educators, parents, and others familiar with the student’s educational needs. An educational need is characterized by having a substantial impact on the student’s access, engagement and progress in school or, for preschool age students, natural learning environments. A medical condition that does

not have a substantial impact on a student's educational performance, may require medical or clinical intervention outside of school, but not school-based special education or related services. It is also possible that both may be required. School-based services are not intended to replace the need for medical or clinical intervention. Special education and related services must always be directly connected to an identified disability-related educational need. The student's IEP team makes all decisions about an eligible student's need for special education and related services. For additional information about providing community-based services to school age students, irrespective of whether the student receives school-based services see [Clarification of Therapy Services and Documentation Requirements for School-Aged Members, ForwardHealth Update January 2018 No. 2018-03](#).

6. Is a student's physician or community-based clinician a member of the IEP team?

Generally, no. A student's physician or community-based clinician is not a required member of the IEP team. However, if the district believes their participation on the team is necessary, they may request consent from the student's parent(s) to invite them to an IEP team meeting. In addition, the parent always has the right to bring anyone to an IEP team meeting who has knowledge or special expertise about their child, including the child's physician or community-based clinician. [Wis. Stat. §115.78 \(1m\)](#). The IEP team should consider all information provided to the school by a physician or clinician regarding a student's disability regardless of the physician's or clinician's attendance at an IEP team meeting.

7. Must an LEA initiate an evaluation or reevaluation whenever it receives a special education referral from a student's medical or clinical provider?

Initial Evaluation: When a written referral for an initial special education evaluation is received for a student aged 3 through 21, the responsible local education agency must provide proper notice to the parent and appoint an IEP team, which includes the student's parents, and start the special education evaluation process. [Wis. Stat. § 115.78 \(1m\)](#).

Reevaluation: The student's local education agency (LEA) must appoint an IEP team and reevaluate each eligible student if the LEA determines the student's special education needs (including improved academic achievement and functional performance) warrant a reevaluation; or if the student's parent or teacher requests a reevaluation. A reevaluation must be conducted at least once every three years unless the LEA and parent agree a reevaluation is not necessary. A reevaluation may not be conducted more than once a year unless the LEA and parent agree otherwise. [34 CFR § 300.303](#). A district is not required to initiate a reevaluation at the request of a student's out-of-school medical or clinical provider but may do so if it decides a reevaluation is warranted.

8. Must an IEP team consider medical or clinical information shared by a parent?

Yes. Federal and state law requires that IEP teams consider information provided by a student's parent(s). This information may include medical and clinical evaluations and related information. While parents are strongly encouraged to share such information, they are not required to do so. A school district must obtain parental consent before contacting any non-school based practitioner to obtain or discuss medical or clinical information about the student. When a parent chooses not to share health or medical information with the IEP team, the IEP team uses all other available information to make special education eligibility and IEP decisions as required for the student to receive a Free and Appropriate Public Education.

9. May IEP teams and schools require medical or clinical documentation as a condition of finding a student eligible to receive special education services?

Generally, no. State and federal law is clear that a district may not, as a matter of course, require a medical assessment of every student who has or is believed to have a disability. When an IEP team determines additional information is needed that must be collected by an outside medical or clinical provider, such as required medical information for determining if a student meets disability category criteria for Blind and Visually Impaired, Deaf and Hard of Hearing, or Deafblind; parental consent is required. Furthermore, when a district requires such information to complete a special education evaluation, the district, not the parent, is responsible for arranging and paying for any assessment needed to acquire the information if such information does not already exist. For additional information about the use of medical information during special education evaluations of students with sensory disabilities please refer to [Sensory Disabilities Frequently Asked Questions](#), Wisconsin DPI.

10. Under what conditions can school personnel discuss or share information with a student's health care or other community based clinical service provider about a student's educational progress or concerns?

A parent, legal guardian, or adult student must consent in writing before student information may be shared with a student's outside medical or clinical service provider. This includes information about a student's educational progress or concerns shared through verbal, written, or electronic means. The confidentiality of information contained in school records is protected by the federal special education law (IDEA) and the federal [Family Educational Rights and Privacy Act \(FERPA\)](#) and Wisconsin [pupil records laws](#). Schools require written consent from a student's parent, legal guardian, or adult student before releasing information from a student's record to the student's physician or clinical provider or inviting a physician or community-based clinician to attend an IEP team meeting. This would include sharing of educational information over the phone or via other means.

In addition, before an out-of-school health care or other clinical services provider initiates contact or shares information about a student's health condition with the school, the provider must get parental consent in accordance with the [Health Insurance Portability and Accountability Act of 1996 \(HIPAA\)](#).

11. Who should a student's parent or medical provider contact with questions about the role of medical and clinical information in special education?

The point of contact is the Director of Special Education at the student's school district. The school or district may be contacted for this information and a [public school directory](#) is available on the DPI website.

Appendix A: Decision-Making in Educational and Medical or Clinical settings: A Comparison

This table was developed to help families, school personnel, and medical and clinical practitioners understand key points involved in making special education service delivery decisions in an educational setting. The process for making such decisions differs in significant ways from that used to make treatment decisions in community-based settings which follow a clinical model.

KEY QUESTIONS	EDUCATIONAL	CLINICAL/MEDICAL
How does the process start?	Teacher, parent, mandatory referrer, or other involved person makes a written referral for a special education evaluation based on concerns regarding a student’s educational progress in school, or for preschool aged students, in natural learning environments.	A referral is made by a primary care physician or other healthcare provider based on family input, observation, or diagnosis of a condition that affects the child’s body structure or function.
What is the purpose of the evaluation?	To gather information and make decisions about whether a student is eligible to receive special education and related services. This includes determining if the student meets criteria for a disability category and as a result, requires specially designed instruction. The special education evaluation focuses on identifying student strengths and needs in relation to the student’s access, engagement, and progress in age and grade level general education curriculum and environments. A student who is found to only need a related service is not considered eligible under IDEA.	To diagnose a medical condition and determine the need for treatment to improve that condition.

KEY QUESTIONS	EDUCATIONAL	CLINICAL/MEDICAL
<p>Who decides the need for services?</p>	<p>The student's IEP team, including the student's parent(s) and any other individuals who have knowledge or special expertise about the student including appropriate related services providers, collectively makes special education eligibility decisions, and develops an IEP to address the student's disability-related academic and functional skill needs. The decision about whether a student needs special education services is based on an analysis of the educational impact of the effects of a student's disability.</p> <p>When a student is found to not need specially designed instruction, information from the evaluation may be used by school teams to make decisions about a need for general education support. This may include consideration of whether the student requires general education support and accommodations under Section 504 of the Rehabilitation Act of 1973</p>	<p>Licensed professionals who conduct diagnostic testing and observations in a clinical or community-based setting make service recommendations and decisions.</p>
<p>Who decides what services will look like?</p>	<p>The student's IEP team makes special education service decisions and develops, reviews, and revises each eligible student's IEP.</p> <p>Each student's IEP is based on information from a recent evaluation or reevaluation along with current school progress data. The IEP includes a summary of the effects of the student's disability and disability-related needs and documents annual goals, how IEP progress will be measured and communicated to parents, and determines the type, amount, frequency, duration, and location of needed special education and related services.</p>	<p>The medical team makes all therapy decisions.</p>

KEY QUESTIONS	EDUCATIONAL	CLINICAL/MEDICAL
What do services focus on?	Services support the student’s disability-related academic and functional skill needs that affect the student’s access, engagement, and progress in the general education curriculum and environment for students of the same age or grade.	Services address medical conditions and impairments.
Where do services occur?	<p>Medical or clinical services may be provided in the school if necessary to meet the student’s educational needs including those needed for the student to attend school (e.g., student requires GTube feeding to meet nutritional needs while at school for a full day). Such services may occur in any educational setting including, classrooms, on school grounds, bus, halls, playground, classroom, lunchroom, on-line learning environments, preschool natural environment(s) (for preschool age students), or in post-secondary transition settings such as on-the-job training.</p> <p>When making any service delivery decision, including medical and clinical service decisions, IEP teams must consider “Least Restrictive Environment (LRE)” requirements.</p>	<p>Generally, In the clinic, hospital, or home.</p> <p>Medical and clinical services provided in school are done so in accordance with a student’s IEP or health plan. (See Educational Column)</p>
How are services delivered?	Services are delivered in accordance with the student’s IEP and may include any special education or related service needed to address the student's disability-related educational needs. Special education and related services must be provided by properly licensed educators and school-based related service providers.	<p>Usually, one-on-one treatment by appointment to accomplish set goals.</p> <p>Treatment and other therapeutic services are provided by medical, or community based clinical providers</p>

KEY QUESTIONS	EDUCATIONAL	CLINICAL/MEDICAL
<p>How are services started, updated, changed, or stopped?</p>	<p>Following the initial development of a student's IEP, the IEP team must meet at least annually to review the IEP (including the student's goals and services) and make revisions as appropriate to address the student's evolving needs. An IEP team meeting must always be held to review the student's IEP within 30 days of a reevaluation. IEP team members may participate in meetings by phone or virtual means.</p> <p>A parent or teacher may request an IEP team meeting be held more frequently when they believe changes are needed. An IEP team meeting should be held to review the IEP when the student is not making sufficient progress toward IEP goals. In some cases, minor IEP changes may be made by the parent and appointed district (LEA) representative to the student's IEP without an IEP team meeting.</p>	<p>Doctors modify prior orders or therapists change therapy plans. Changes are generally discussed, and decisions made between the provider and parent(s).</p>
<p>Who pays for services?</p>	<p>Students with IEPs are entitled to a Free Appropriate Public Education (FAPE). All of their IEP services must be provided at no cost to the student or family. School districts may access Medicaid funding to help pay for certain special education and related services for students who are eligible for Medicaid and have health related needs that affect their educational performance. (See DPI Information Update Bulletin 14.01).</p>	<p>Fee-for-service payment by family, insurance, or government assistance</p>
<p>How are services documented?</p>	<p>Services must be documented in writing on the student's IEP. The IEP must be written and communicated in a manner understandable to the parent and all involved in its implementation. Additional documentation is required if the school seeks Medicaid funding.</p>	<p>Documentation is dictated by insurance requirements and guidelines of the setting; There is an emphasis on medical terms and billing codes.</p>

Appendix B: Definitions and Key Terms Used in this Document

Child (or Student) with a Disability, Child (or Student) with an IEP: A student with a disability is an individual ages 3 through 21 who has been evaluated by an IEP team and found to meet criteria for any disability category and, as a result, requires specially designed instruction through an Individual Education Program (IEP). [34 CFR § 300.8](#). If it is found that the student has a disability under one of the specified categories, but the student only needs a related service, then the student is not considered a child with a disability under state and federal special education law. [34 CFR § 300.8\(a\)\(2\)\(i\)](#).

Disability-Related Need: An area of academic or functional skill needing development or improvement to address the effects of a student's disability. IEP goals and services address disability related needs so the student can access, engage, and make progress in age or grade-level general education curriculum, instruction, and other school related activities across educational settings.

Educational: Anything related to a student's access, engagement and progress in age or grade-level curriculum, instruction, or other school-related activities.

Effect(s) of Disability: The unique ways in which a student's disability affects the student's access, engagement, or progress in general education curriculum, instruction, and other school activities across school settings.

Free Appropriate Public Education (FAPE): FAPE means special education and related services provided at public expense, under public supervision and direction, in conformity with a student's individualized education program (IEP). FAPE must be made available to all students with disabilities ages 3 through 21 who are enrolled in a public school district, including students with disabilities who have been suspended or expelled from school. Also See [DPI Bulletin 18-02- Free Appropriate Public Education](#).

Individualized Education Program (IEP): A written statement developed, reviewed, and revised by the student's IEP team (which includes the student's family and student, as appropriate), that outlines the educational plan (including goals and services), to address an eligible student's unique disability related needs. The IEP is the primary vehicle for providing FAPE.

IEP Team: A team of individuals who conduct special education evaluations and develop IEPs and make related special education eligibility and programming decisions. Membership of the IEP team is defined in federal and state rules. Each student's IEP team is appointed by the school district and includes individuals who have knowledge about the student. The IEP team always includes the student's parent(s).

Local Education Agency (LEA): The public authority legally responsible for administrative control or direction of public education of the student with an IEP. In Wisconsin, this includes a student's resident public school district, the department of health services if the student resides in an institution or facility operated by the department of health services, or the department of corrections if the student resides in a Type 1 juvenile correctional facility. [34 CFR §300.28\(a\)](#) and [Wis. Stat. § 115.76 \(10\)](#). Throughout the documents, the more common term "school" or "district" is used and is intended to mean all Wisconsin LEAs.

LEA Representative: With respect to special education decision-making, a representative of the local educational agency who is qualified to provide, or supervise the provision of, special education, is knowledgeable about the general education curriculum and is knowledgeable about and authorized by the local educational agency to commit the available resources of the local educational agency. [Wis. Stat. §115.78 \(1m\)](#).

Medical or Clinical: Anything related to, or conducted in a community-based medical or therapy practice or hospital setting in which individuals receive diagnosis and treatment of health conditions. Individuals who receive medical or clinical services are considered "patients" or "clients". Health care professionals (such as doctors, nurses, clinical psychologists, and rehabilitation specialists including occupational therapists, physical therapists, and speech-language pathologists) provide medical or clinical services. Schools are not medical or clinical settings.

Parent: A number of individuals may serve as the student's parent for the purpose of special education decision-making. See [Frequently Asked Questions \(FAQ\) Related to the Definitions, Roles, and Responsibilities of Parents, Persons Acting as the Parent of a Child, and Surrogate Parents](#).

Prescription: A written order for dispensing medication or treatment by a physician or other medical prescriber. Medical providers do not write prescriptions for special education or related services. Instead, they may make referrals for special education evaluations or recommend specific services they believe are medically appropriate or beneficial for a student to have in school. Medical provider input may prompt a referral for an initial special education evaluation, a request for a reevaluation, or an IEP team review and revision of the student's IEP, as appropriate, to determine the educational needs of the student related to the information from the medical provider.

Referral (Special Education): A written request for an initial special education evaluation to determine if a student has a disability that adversely affects educational performance as defined in federal and state special education law. A request for additional evaluation for a student who already has an active IEP is called a request for a reevaluation.

Special Education Evaluation or Reevaluation: A comprehensive process that helps school personnel and parents determine if a student has a disability and the educational needs of the student that require special education and related services in accordance with an IEP. A special education evaluation is conducted by an IEP team appointed by the school district. The IEP team always includes the student's parent(s). All children ages 3 through 21, including those enrolled by their parents in private schools or home-based education are entitled to a comprehensive evaluation to determine special education eligibility. Also See DPI [Information Update Bulletin 21.01: Special Education Evaluation](#).

Special Education Services: The required services provided in accordance with an IEP that enable an eligible student to advance appropriately toward the annual goals in their IEP, to be involved and make progress in the general education curriculum, to participate in extracurricular and other nonacademic activities, and to be educated and participate with nondisabled peers. The term "special education services" generally refers to all of the following: specially designed instruction, related services, supplementary aids and services, and program modifications, and support for school personnel. Specially designed instruction, related services, and supplementary aids and services in a student's IEP are based on peer-reviewed research to the extent practicable.



Wisconsin Department of Public Instruction
Division of Learning Support, Special Education Team
125 S. Webster Street, P.O. Box 7841
Madison, WI 53707-7841
(608) 266-1781

August 2023

The Wisconsin Department of Public Instruction does not discriminate on the basis of sex, race, color, religion, creed, age, national origin, ancestry, pregnancy, marital status or parental status, sexual orientation, or ability and provides equal access to the Boy Scouts of America and other designated youth groups.