

# **School Nurse Documentation in Career and College Ready IEPs**

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# **School Nurse Documentation in Career and College Ready IEPs**

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# Introduction

Since 1965 there have been federal laws protecting the rights of students with disabilities access to education. Child Find requires schools to identify and evaluate eligible students who reside within the school district boundaries (both public and private). Some students may be eligible for protections, services, and educational accommodations under Section 504 of the Rehabilitation Act of 1973 alone. Others may be found in need of specialized instruction and modifications through the Individual with Disabilities Education Improvement Act, known as IDEIA or IDEA, with latest revision in 2004.

Part one of this brief summarizes where school nurses document how a student's health impacts their learning and education under IDEA. Part two of this brief includes recommendations for specific health related information school nurses may document. As the Wisconsin Department of Public Instruction (DPI) model forms serve as the primary tool for documenting compliance with federal and state special education requirements related to the Individualized Education Program (IEP) team process, they are referenced in this brief. School districts are not required to use the [special education forms developed by DPI](#). Part three describes the role of Health Plans. Part four provides insights into documenting on the Other Health Impaired (OHI) criteria sheet, which is one of the most common, but not only, criteria sheet used by school nurses.

# Part One: Need for Documentation – Where and What to Document

## Evaluation is Required to be Documented

Eligibility determination for special education services requires an individualized educational evaluation. This evaluation must draw upon a variety of sources and ensure that all information obtained is documented and carefully considered. Additionally, IDEA mandates that individuals with appropriate expertise in the area of concern should conduct the evaluation and determine if additional data is needed. The school nurse is the team member qualified to evaluate the health needs of the student, many of which may not be apparent without a thorough health assessment (NASN 2023).

A student is to be assessed in all areas related to the suspected disability, including, as appropriate:

- health,
- vision,
- hearing,
- social and emotional status,
- general intelligence,
- academic performance,
- communicative status, and
- motor abilities.

(IDEA 34 ,C.F.R. § 300.304)

The law specifically mentions assessing health, vision, and hearing. Findings from a recent school screening can be used to meet this requirement. The vision or hearing exam is not required to be performed by a vision care professional or audiologist unless there are specific concerns. Assessing for health needs does not require a detailed physical examination by a healthcare practitioner. Assessing health needs does not lead to a medical diagnosis. A registered nurse assessing health needs makes a nursing diagnosis. This nursing diagnosis as later discussed, is used to articulate the impact of the student’s health condition on their education.

School nurses as registered nurses possess the training and knowledge to assess the health of students. School nurses may review patient and student health records, interview caregivers and the student, contact the student's healthcare provider with proper consent, or use other methods to assess the student's health. The reason for the assessment is to ensure that health, vision, and hearing is not a barrier to the student's learning.

Under special education law, there is a two-part test to be considered a "child with a disability." First, does the child meet the educational eligibility impairment criteria for one of the disability areas that "adversely affects his/her educational performance?" Additionally, as a result of the disability, does the child need special education and related services? Since both requirements must be met to qualify for special education services there needs to be documentation that both have been assessed and considered.

To identify a student as meeting educational eligibility criteria for an impairment, the evaluation team must find the student's learning and educational performance is adversely affected. Thus, school nurses document how the student's health adversely affects learning and educational performance.

Educational performance may include:

- Cognitive performance, including academic and pre-academic skills.
- Communication skills.
- Personal/Social skills.
- Sensory processing and motor planning skills.
- Adaptive skills, including self-help skills and activities of daily living.

School nurses document in all and any areas for which they (or team) have information.

### **Where to Document for IEP**

School nurses might document in these sections of the Evaluation (ER-1) and Individualized Education Program – IEP (I-4) forms.

- Information from Existing Data and from Additional Assessments and Other Evaluation Materials (ER-1)
- Determination of Eligibility (ER-1)
- Need for Specially Designed Instruction (ER-1)
- Information about the Student ( I-4)

- Effects of Disability (I-4)
- Summary of Disability-Related Needs (I-4)
- Measurable Annual Goals (I-4)
- Statement of Supplementary Aids and Services (I-4)
- Related Services Needed to Benefit from Special Education (I-4)
- Program Modifications or Supports for School Personnel (I-4)

The school nurse profession espouses best practice is not to include a student's Health Plan as an official (attached) part of the IEP document. If part of an IEP, then changes to the Health Plan (time student checks blood sugars, first aid measures required, etc.) requires the IEP team to re-convene to make that change, or an I-10 form needs to be completed. Use of health plans in special education is discussed later in this brief under Part Three.

### **What to Document for the Evaluation and Individualized Education Program (IEP)**

The evaluation and IEP team must include information about both academic achievement and functional performance. Academic achievement includes information in reading, mathematics, written language, communication, science, and social studies. Functional performance includes social and emotional skills, activities, and nonacademic skills needed for independence and performance at school, in the home, in the community, for leisure time, and for post-secondary and lifelong learning (Wisconsin Department of Public Instruction 2023).

School nurses document findings that address the severity and nature of the health disability and how it affects the student's involvement and progress in the general education curriculum. School nurses should document enough student health information to support allocation of resources, including services such as nursing, supplemental aids, support for school personnel, and accommodations.



# Part Two: Evaluation and IEP Documentation Specifics

This section includes instructions for specific health related information school nurses may document that address the severity and nature of the health disability and how it affects the student's involvement and progress in the general education curriculum. Instructions are organized by the sections in the DPI forms, beginning with forms used in the special education evaluation process ([ER-1](#)). Next recommendations for documentation of the IEP ([I-4](#)) are presented.

## **Information from Existing Data and from Additional Assessments and Other Evaluation Materials (ER-1)**

School nurses document under the "information provided by related services providers" section for existing data. Documentation is concise, educationally relevant, and written in language educators can easily understand. Avoid medical jargon or diagnoses if not descriptive. Hearing and vision screening results if available may be included. Any information known before the evaluation is begun such as attendance pattern, medication schedule (e.g., how often the student comes to take medication and if received on time), self-care skills (e.g., requires assistance, totally dependent, independent but requires supervision) is documented in this existing data section.

School nurses may do classroom observations or complete other (health) assessments to better understand the educational impact of the student's health condition after the special education evaluation process begins. These observations or assessments are then documented under the "functional" portion of the information from additional assessments section.

## **Determination of Eligibility (ER-1)**

School nurses may document information on the "Criteria for Disability Category" form. The Other Health Impaired (OHI) criteria form is the one most often used by school nurses. It is not the only [criteria sheet](#) with which school nurses need to be familiar or on which they may document. School nurses may document in conjunction with other evaluation team members or be designated to complete the form while soliciting input from team members.

## **Need for Specially Designed Instruction (ER-1)**

This is a key section where school nurses document findings that address the severity and nature of the health disability and how it affects the student's involvement and progress in the general education curriculum. The student's level of functional or self-care skills are included.

If the student's health needs require staff intervention or emergency response, then an Emergency Action Plan or other Health Plan is written, and the need for this plan/intervention is documented. If a student cannot safely breathe, ambulate, concentrate, independently take in adequate nutrition, etc., their health concern(s) affects the student's access, engagement, and educational progress. If a student is ill or injured, they are not able to participate in their education.

Using the nursing process, school nurses complete a root cause analysis of the effect of student's health on their academic performance. School nurses may determine skills or behaviors the student needs to develop to improve their health so the student can meet age/grade level standards and expectations.

### **Information About the Student (I-4)**

School nurses will once again document under the functional performance section. This information can be a repetition of the ER-1 functional performance documentation. On the I-4 additional information is documented to support the allocation of resources such as the related services of school nursing and school health and other aids and services.

Example statements to support allocation of resources:

- "Nursing and school health services are required to provide medication management and administration to maintain health status and attendance pattern in order to obtain IEP goals."
- "Nursing services are required for the assessment and monitoring of student's health condition/status; communicate with parents and healthcare providers; health planning, and medication treatments needed to minimize the impact of her health condition on the attainment of their IEP goals."
- "School health services are required for medication administration so that student can concentrate and control their impulsivity in order to attain their IEP goals."
- "Student requires tube feedings to maintain nutritional status while at school. This tube feeding will be performed by the classroom teacher assistants under the delegation of the school nurse."

### **Effects of Disability (I-4)**

School nurses consider special factors when identifying the effects of the health concerns on the student's academic and functional performance. Use of the nursing diagnosis from an Individualized Healthcare Plan (IHP) may assist in determining risks or needs of the health condition and how these risks or needs affect the ability

of the student to participate in regular education or meet their IEP goals. Examples might include activity intolerance, risk for injury or acute pain, knowledge deficient, ineffective coping or self-management, impaired verbal communication or social interaction, or risk for allergy response.

### **Summary of Disability-Related Needs (I-4)**

This section provides a summary of the health-related needs, and why (root cause) these affect the student's ability to access and engage in their education. These health needs might then be addressed with the related services of school nursing or school health services, or some other supplemental aid. If these health needs are not met, they are not able to fully participate in their education. See [Need for Specially Designed Instruction \(ER-1\)](#) section above.

Examples of health-related needs include:

- Need to maintain safe blood sugar levels in order to concentrate.
- Need to receive adequate nutrition to maintain energy levels.
- Injury prevention (seizures, falls, food allergies) to maintain attendance and decrease anxiety.
- Need to maintain breathing status (asthma, Cystic Fibrosis) so can participate in educational activities.
- Pain management benefits concentration and attendance.

### **Measurable Annual Goals (I-4)**

School nurses may or may not document goals in this section of the IEP. Some student health goals are more appropriate to be documented under the health outcomes section of an IHP. If a student has self-care goals or is learning to improve independence in functional health related skills, they may be documented in this section.

### **Statement of Supplementary Aids and Services (I-4)**

This section is used to document the aids, services, and other supports (accommodations) that are provided in regular education, other educational settings, and in extracurricular and nonacademic settings, to enable the student with a disability to be educated with nondisabled students to the maximum extent appropriate. The accommodations or services will relate to a disability related need identified in previous sections of the IEP.

An example of an accommodation for a student with Diabetes Type 1 is the flexibility not to take a test if the student's blood sugar is out of the normal range. If the frequency or amount of the accommodation or service cannot be described in

minutes or hours, then describe the circumstances under which the aid or service will be provided. For example, “whenever the student feels symptoms of low blood sugar levels.”

### **Related Services Needed to Benefit from Special Education (I-4)**

Related services can be direct services that involve hands on nursing interventions: medication administration, tube feeding, urinary catheterization, glucose testing, physical assessment; or indirect services which are provided on behalf of the student: calling parent to update IHP or Emergency Action Plan (EAP), communicating with medical provider to clarify orders, or delegating nursing procedures to assistive personnel. Since School Nurse Services is a related service provided by a registered nurse, only a registered nurse can determine and document what services are included in this category. Training and supervision of delegated nursing procedures are included as School Nurse Services. School Health Services may be provided by a registered nurse, a licensed practical nurse, or other qualified individual. Medication administration is an example of a School Health Service. If schools bill Medicaid for services, it is critical that these services be documented and performed by qualified individuals.

### **Program Modifications or Supports for School Personnel (I-4)**

This section often confuses team members. This section documents services and support provided to teachers and school staff so they can help the student reach the student’s IEP goals. School nurses provide a statement of nursing interventions that support educational staff. Statements such as “the school nurse will train staff... to follow the Emergency Action Plan; in seizure management including emergency medication administration; how to recognize and treat anaphylaxis” are all examples of school staff supports provided by the school nurse.

Additionally, in the Program Modifications or Support for School Personnel section a statement such as “School nurse develops and maintains an Individualized Health Plan (IHP-nursing care plan), Health Plan, or Emergency Action Plan (EAP) that addresses student health needs and the plan(s) is/are on file in the health office”, could be included. This is the preferred practice rather than including a health plan as part of the IEP. See *Where to Document* in [Part One](#) for further information.

School nurses may also document that the Health or Emergency Action Plan was reviewed with the staff and parents. IHPs as nursing care plans are generally not reviewed by non-licensed nursing personnel. See [Part Three](#) for more information on IHPs.

# Part Three: Supports Provided Through a School Health Plan

A School Health Plan is not the same as an “Individualized Healthcare Plan (IHP)” which the [school nursing profession](#) has defined as the counter part of the nursing care plan used in health care institutions. The IHP is created by school nurses for other school nurses. A School Health Plan is written to address health conditions that affect the health and safety of the student and are written to be followed and implemented by school staff. Health Plans may address both chronic and acute health needs. A Health Plan may address health care needs that affect or have the potential to affect attendance and academic performance.

In a comprehensive evaluation all areas including health are to be evaluated. The following health related information should be documented in the IEP:

- Findings that address the severity and nature of the health condition and how it affects the student’s involvement and progress in the general education curriculum.
- Health information to support allocation of resources, including services such as nursing, supplemental aids, support for school personnel, and accommodations.

A Health Plan provides a summary of the health and safety needs of the student but does not necessarily address how those health needs affect the student’s involvement and progress in the general education curriculum. A Health Plan may include specific aids and services (accommodations) that are required to meet the health and safety needs of the student or may support their attendance and academic performance such as monitoring blood sugar levels or receiving medication while at school. Health plans, particularly Emergency Action Plans (EAP), are written to direct school staff to respond in an emergency. EAPs are step by step instructions written in a “see this - do this” format.

As noted in Parts One and Two, more detailed information and assessments are required to fully address if the student meets the educational eligibility impairment criteria for one of the disability categories and as a result of the disability, the student requires special education and related services. There is no federal requirement for a student to have a health plan, EAP, or an IHP.

It is considered best practice by the school nurse profession, not to include a student’s Health Plan as an official (attached) part of the IEP document. If anything in the Health Plan changes (time student checks blood sugars, medication dosages,

etc.) the IEP team would need to re-convene to make that change, or an I-10 form needs to be completed.

Instead, under the Program Modifications or Support for School Personnel section of the IEP document, school nurses can include a statement to the effect that “School nurse develops and maintains an Individualized Health Plan (IHP-nursing care plan), Health Plan, or Emergency Action Plan (EAP) that addresses student health needs and the plan(s) is/are on file in the health office.”

As an EAP or Health Plan is directed to staff to support them in caring for the student, an additional statement such as, “The school nurse has trained staff in the implementation of the Health Plan or Emergency Action Plan,” or “The school nurse has trained staff to respond to/manage students’ (seizures/diabetes/potential for anaphylaxis)”, could be included.

Health Plans are not required to have parent approval though it is considered best practice to work collaboratively with parents and family health professionals in developing these plans for school staff to follow. Having parents review, and if possible, approve of the Health Plan used by staff, assures that the family is aware what actions will be taken in an urgent or emergency health situation.

IHPs as nursing care plans may or may not be shared with parents or caregivers and do not require approval by other healthcare providers. Registered nurses practice nursing independently as licensed healthcare professionals. School nurses may choose to discuss with the student and parent or caregivers their nursing assessment, nursing diagnosis, plans for nursing intervention, and goals for the student to improve or maintain the student’s health. IHPs are often reserved for the most complex school health situations and as such are best developed in collaboration with students, families, and healthcare providers.

# Part Four: Documentation on Other Health Impairment Criteria Sheet

The Criteria for Disability Category Other Health Impairment (OHI) form or [DPI's ER-1-OHI form](#) (revised 05/2022), assists IEP teams to document if a student meets the disability category criteria under Chapter 115, Wis. Stats., and PI 11.36, Wis. Admin. Code. The IEP team should complete this form to document whether the student meets the disability category criteria or continues to meet the criteria during a re-evaluation and attach it to the Evaluation Report or [ER-1](#) form.

The OHI criteria form is the one most often used by school nurses. But, it is not the only [criteria sheet](#) with which school nurses need to be familiar or on which they may document. School nurses may document in conjunction with other evaluation team members or be designated to complete the form while soliciting input from team members.

Other Health Impairment means having limited strength, vitality, or alertness, due to chronic or acute health problems. The term includes but is not limited to a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, diabetes, or acquired injuries to the brain caused by internal occurrences or degenerative conditions, which adversely affects a child's educational performance ([PI 11.36 \(10\) Wis. Admin. Code](#)).

To “qualify” as meeting the disability category of OHI and document that the student’s learning and educational performance is adversely affected, “yes” boxes must be checked in all three sections of the OHI criteria sheet (Section I. Health Condition, Section II. Educational Performance, Section III. Disability Category Criteria Determination). By completing this criteria sheet school nurses document how the student’s health adversely affects the student’s learning and educational performance. Each of the three sections are described below.

## Section I. Health Condition

In answering “yes” or “no” to the question “does the student have a health problem?” school nurses can use the information from the ER-1 Functional Performance sections and from the Assessment and Diagnosis sections of an Individualized Health Care Plan (IHP). A medical diagnosis from a licensed physician or healthcare provider is not required, nor does having a medical diagnosis automatically qualify a student for special education services.

Documentation for a kindergarten student with cerebral palsy and food allergies might state:

*Alejandro is diagnosed with cerebral palsy a condition most likely caused by his traumatic birth history. His cerebral palsy affects his self-care and cognitive abilities and his communication. Alejandro has a known food allergy to tree nuts (cashews, pistachios, almonds, Brazil nuts, chestnuts, macadamia nuts, pecans, pine nuts, shea nuts, and walnuts) with history of anaphylaxis. Alejandro has emergency epinephrine ordered for any signs or symptoms of anaphylaxis or if tree nuts are inadvertently ingested.*

The health condition can be chronic, acute, or both. A chronic health condition is one that is long-standing, continuous over time, or recurs frequently. An acute health condition is one that when present is severe or intense. In the special education process, acute does not mean a health condition that suddenly occurred. The student's health condition needs to have occurred long enough or to such an intensity as to affect the student's educational performance.

School nurses will document statements addressing both the chronicity and severity/intensity of the health condition. If the student's health condition is chronic or acute, then the corresponding "yes" box is checked.

Documentation describing chronicity for the same kindergarten student might state:

*Alexandro was diagnosed with cerebral palsy during his first year of life after failure to meet developmental milestones and other neuromuscular concerns were noted by family and healthcare professionals.*

Example documentation for the acuteness of the health concern(s) might state:

*Alejandro experienced an allergic reaction later diagnosed as a tree nut allergy. He experienced a life-threatening reaction requiring emergency treatment and hospitalization.*

Next, school nurses will answer questions and provide documentation regarding the student's health condition and its effect on strength, vitality, and alertness. The health condition does not need to affect all three of these areas. Only one area needs to be affected. School nurses would document in all areas for which they have information, and which apply.

Descriptions of strength, vitality, and alertness are included on the criteria sheet. The school nurse's knowledge of the health condition(s) is crucial in interpreting the affect it has on strength, vitality, and alertness. Even more important is the school nurse's knowledge how the student's strength, vitality, and alertness is affected by their health condition and individual circumstances.

A statement documenting the effect on the inability to perform typical or routine tasks at school (strength) for a student with Alejandro's health needs might be:



*Alejandro experiences spastic movements of both his arms and legs. This causes difficulty in grasping objects or using them as intended. For example, he is unable to direct a spoon to his mouth without help while eating. He is able to ambulate, but safety is a concern particularly as he enters kindergarten in a more crowded classroom with large numbers of other students.*

Using their knowledge of the health condition a school nurse might document a student's inability to sustain effort or endure throughout an activity (vitality) as:

*Alejandro requires rest breaks as his muscles tire particularly when he is standing or ambulating.*

Limited alertness could manifest itself as the inability to manage and maintain attention, to organize or attend, or to prioritize environmental stimuli. IEP teams should note that limited alertness may also include a heightened alertness such as occurs in Post Traumatic Stress Disorder and some Attention Disorders and mental health conditions.

The health condition does not need to affect all three areas. If one or more area (strength, vitality, or alertness) is affected by the student's health condition then the "yes" box is checked in answer to the question "does the student's health problem result in limited, strength, vitality, or alertness?"

## **Section II. Educational Performance**

In this section the IEP team will document if the student's educational performance in one or more of the areas listed on the form are adversely affected as a result of the student's health. School nurses do not need to fill out this section by themselves. Usually, the regular education or special education teacher at the meeting is best qualified to address academic achievement or classroom performance. Other IEP team members may document on the OHI criteria sheet regarding the behavior, communication, motor skills, social/emotional function, vocational skills, or other areas for which IEP team members have data or evidence.

Both academic and nonacademic skills and progress are considered. The use of multiple forms of measurement and sources to document areas where the student has demonstrated difficulties can increase the validity and reliability of the disability category determination.

Areas affected are checked "yes" and then written statements included to explain the selection of those areas and how each is affected. The school nurse's focus will be on how the health condition affects the selected areas.

A school nurse might write the following statement for the kindergarten student addressing his cerebral palsy, food allergies, motor skills, and communication concerns:

*Alejandro requires additional assistance with activities of daily living not required of other kindergarten students (feeding, toileting, safety monitoring) Alejandro's verbal communication is often unintelligible to those unfamiliar with his communications. Alejandro is at risk for injury if he is exposed to his food allergens. Alejandro has a cognitive disability that affects his ability to self-advocate, protect himself from exposure to his allergens, or alert staff to symptoms of food allergy. Alejandro experiences spastic movements of both his arms and legs. This causes difficulty in grasping objects or using them as intended. He requires adaptations for holding objects such as a crayon or marker and needs assistance to direct his arm and hand movements.*

### **Section III. Disability Category Criteria Determination**

Documentation on the OHI criteria sheet concludes with the IEP team determination that the student does or does not meet the eligibility criteria under the disability category of Other Health Impairment. The documentation by the school nurse and IEP team demonstrate that the student's health condition does or does not limit their strength, vitality, or alertness and adversely affect the student's educational performance.

# Conclusion

School nurses understanding of various health conditions and how they impact the education and educational performance of students cannot be underestimated. It is often said that school nurses bridge the healthcare and educational systems. This dual expertise of school nurses is evident in the documentation they provide for Special Education evaluations and College and Career Ready IEPs.

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