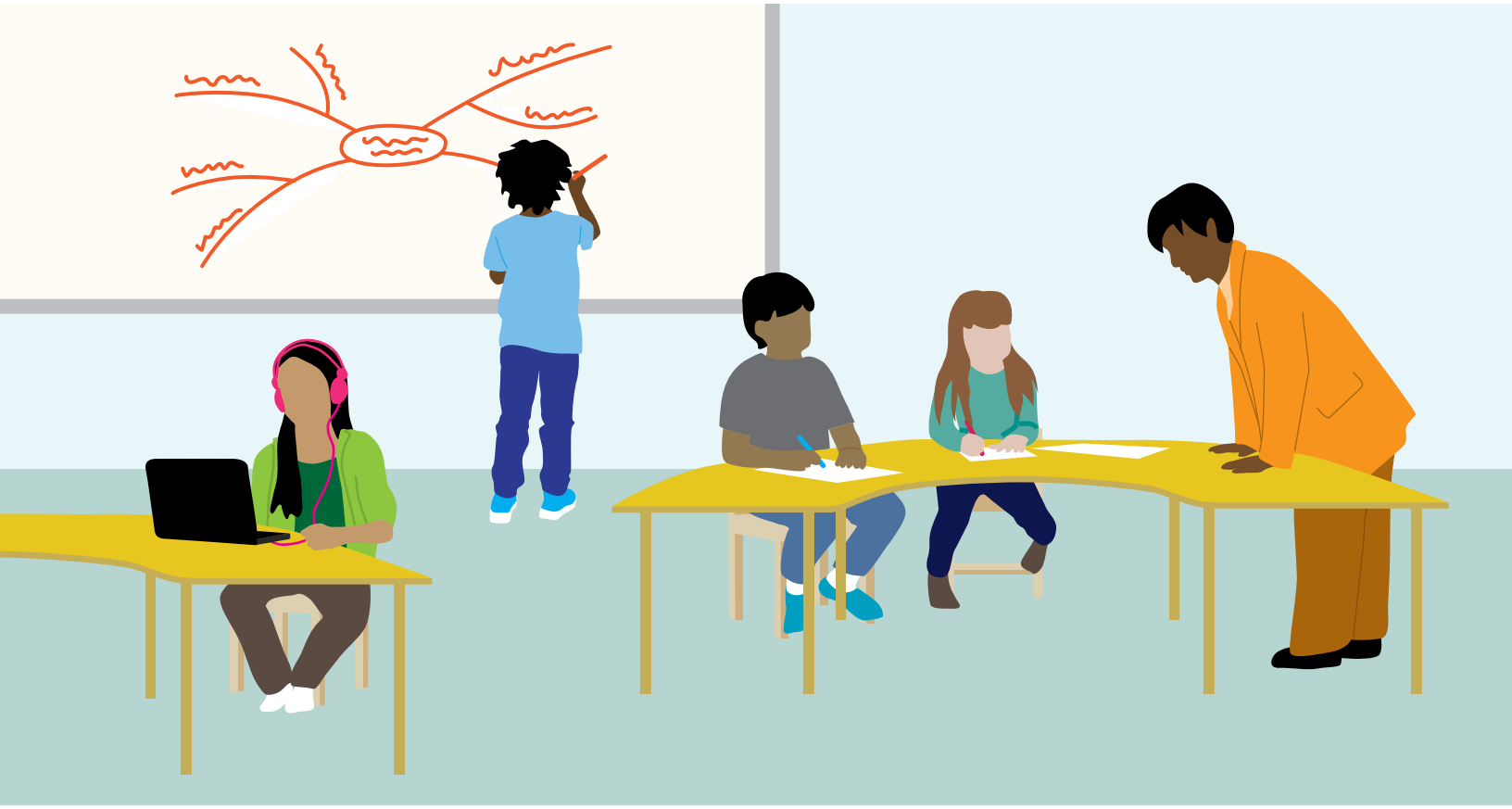
Policy Options to Support Special Education Access for Students with ADHD and Tourette Syndrome

Clarifying Other Health Impairment Eligibility Under the Individual with Disabilities Education Act



ChangeLab Solutions

Contents

Acronyms

ADHD: Attention-deficit/hyperactivity disorder

IDEA: Individuals with Disabilities Education Act

OHI (IDEA-specific classification): Other Health Impairment

TS: Tourette syndrome

At a glance

What educational needs may students with attention-deficit/hyperactivity disorder (ADHD) and Tourette syndrome (TS)* have? What is the current process for accessing special education resources under IDEA?

ADHD and TS symptoms can significantly affect educational functioning. Therefore, students with ADHD and TS often have particular educational needs, including school interventions, modifications, and supports. Unless they qualify through another disability category in the Individuals with Disabilities Education Act (IDEA) — the primary federal law governing special education — such as specific learning disability or speech or language impairment, students with ADHD and TS may be eligible for special education services and interventions based on the "other health impairment" (OHI) category. For students who qualify, an Individualized Education Program (IEP) outlines the services, accommodations, and supports designed to meet the student's specific needs, along with benchmarks to track educational progress.

What is the OHI eligibility category and how does it apply to students with ADHD and TS?

IDEA lists primary eligibility categories with specific definitions for most neurodevelopmental disorders,[1] such as autism, intellectual disabilities, and learning disorders. However, ADHD and TS do not have their own categories. To receive services under IDEA, students with ADHD and TS who do not have other qualifying disorders must meet the eligibility criteria for OHI. OHI covers a range of qualifying physical and mental health conditions when they cause a broadly defined functional impairment, such as "limited strength, vitality, or alertness" that "adversely affects a child's educational performance."[2] The lack of specificity in these eligibility criteria coupled with a lack of understanding of how to apply them to these specific disorders can create barriers to students accessing the support and services they need. As a result, eligibility for services may vary by state, depending on whether states provide additional guidance beyond federal OHI requirements.

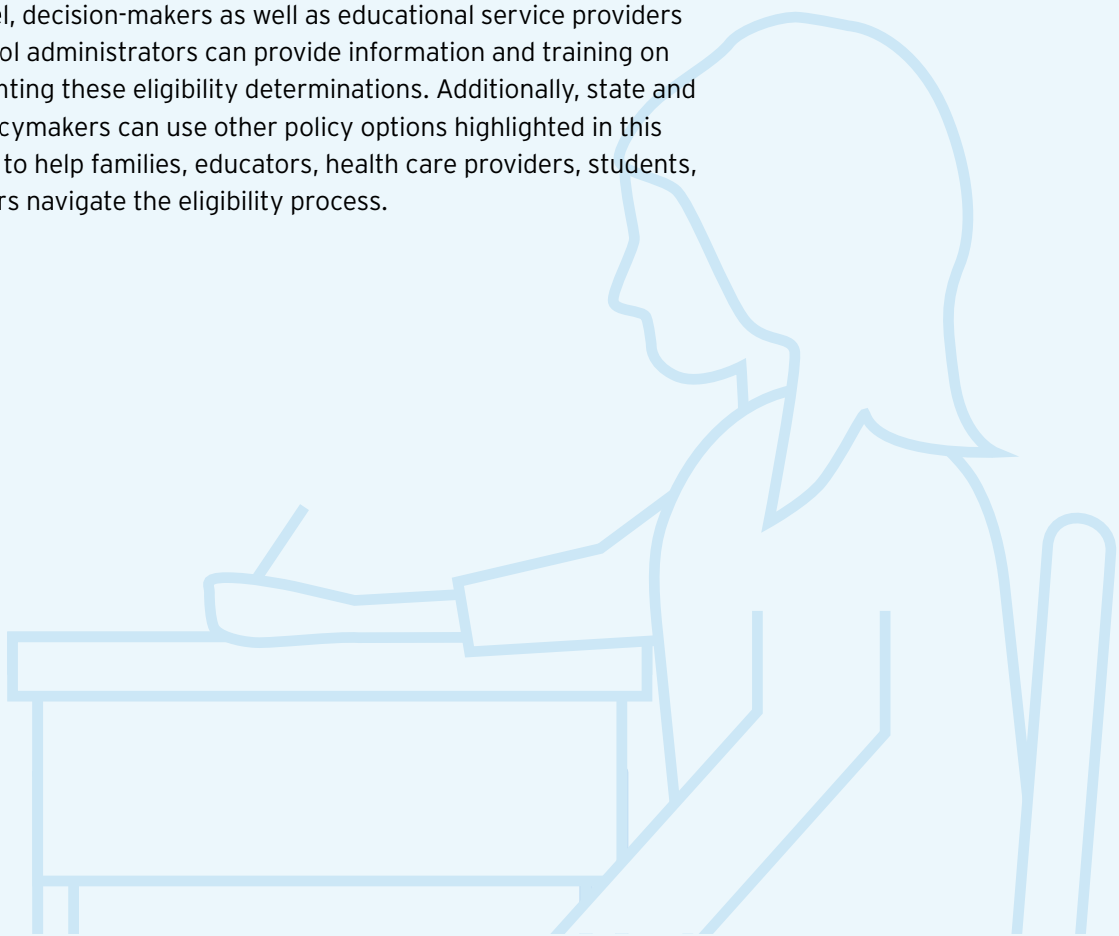
*Throughout this document, "students with ADHD and TS" includes students with ADHD, TS, or both.

How does access to special education benefit these students?

Special education eligibility can be essential for students with ADHD and TS because it allows them to access certain services, interventions, and supports they would not otherwise receive. Additionally, when a student is deemed eligible for special education, the school and school district are better able to access funding to support the provision of additional services and supports that can help improve educational and health outcomes.

How can state and local policy help students with ADHD and TS access special education services?

Although federal law does not provide specific criteria for inclusion of ADHD and TS under IDEA, states can provide additional guidance on OHI eligibility. For example, state law and policy may establish guidelines for how students with ADHD and TS can meet the OHI eligibility requirements by providing examples of information that can be used to demonstrate functional impairment, such as "limited strength, vitality, or alertness," clarifying how these characteristics may present in educational settings, and describing types of health care professionals or other service providers who can provide this information. At the local level, decision-makers as well as educational service providers and school administrators can provide information and training on implementing these eligibility determinations. Additionally, state and local policymakers can use other policy options highlighted in this resource to help families, educators, health care providers, students, and others navigate the eligibility process.



What is the OHI eligibility category and why is it important?

When a child has a disability that affects their educational functioning, they may be eligible for additional school support or special education under IDEA.[3] Eligible students may obtain an IEP that outlines appropriate interventions, supports, accommodations, and modifications to meet their specific educational needs.

The federal regulations that provide for the implementation of IDEA also establish a number of eligibility categories that describe specific qualifying disabilities and their related functional limitations.[4] These categories include selected neurodevelopmental disorders such as autism, intellectual disability, speech or language impairment, and specific learning disability, as well as other disorders and disabilities such as hearing impairment or deafness, visual impairment (including blindness), deaf-blindness, emotional disturbance, orthopedic impairment, traumatic brain injury, multiple disabilities, and "other health impairment."[5] Each category includes a specific definition that can be used to identify eligible students.

The broad language in federal regulation means that states play a very important role in further elaborating the specifics of OHI eligibility.

Although ADHD and TS have been defined as neurodevelopmental disorders,[6] they are not included as primary qualifying disabilities in IDEA. Instead, if a child is diagnosed with ADHD and TS and does not have another qualifying disability, they must meet the eligibility criteria for OHI to receive services. IDEA defines OHI as follows:

> (9) Other health impairment means having limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that —
>
> (i) Is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette syndrome; and
>
> (ii) Adversely affects a child's educational performance.[7]

While ADHD and TS are specifically named in this definition, the descriptions of the criteria to use for eligibility are nonspecific and may apply to any or all of the named conditions. Further, there is no greater detail provided in federal law regarding the specific characteristics that students with ADHD and TS must demonstrate to meet the definition.

The broad language in the federal regulation means that states play a very important role in further elaborating the specifics of OHI eligibility, which may provide additional opportunities for eligible students to access specific interventions or accommodations that address their individualized needs in educational settings.

What educational needs may students with ADHD and TS have? What services other than special education are available and how do they compare?

ADHD and TS symptoms can significantly affect educational functioning. Even in the absence of a co-occurring learning disorder, behavioral and social impairment associated with ADHD and TS can affect students' ability to receive and understand instruction, participate in classroom activities, complete assignments, and master content.[8,9] Therefore, students with ADHD and TS often have particular educational needs, including school interventions, modifications, and support.

Students with ADHD and TS often have particular educational needs, including school interventions, modifications, and support.

ADHD and TS symptoms can be improved through treatment and services, including behavioral interventions that can be delivered or supported by teachers in the classroom.[10,11] Symptoms of ADHD and TS often require accommodations, which are types of support that involve modifying teaching or testing without changing learning goals. Accommodations may include seating preferences, extended time and extra support on tests and assignments, additional breaks, and use of technology.[12,13]

Students with ADHD and TS can potentially receive support through processes other than IDEA. First, they may be able to receive classroom intervention and support through a multi-tiered system of support (MTSS), a framework implemented across states to address academic, behavioral, and social-emotional needs. Additionally, students with ADHD and TS may be able to receive services and supports through Section 504 of the Rehabilitation Act of 1973 — a federal law meant to protect the rights of students with disabilities participating in programs that receive assistance from the US Department of Education.[14,15]

However, there are some key differences between MTSS supports, Section 504 protections, and services available under IDEA. Accommodations and supports through MTSS and Section 504 are delivered within general education rather than through special education. Supports within MTSS may vary in duration, are generally focused on specific skills, and are determined by student response to intervention,[16] whereas students with ADHD and TS often experience persistent impairment that may require more comprehensive, ongoing support across settings.[17,18] Unlike IDEA services, supports provided through MTSS or Section 504 do not typically generate additional funding for schools and must be implemented using existing resources. Also, MTSS services and Section 504 plans lack the legal enforcement mechanisms that exist under IDEA. In general, time- and resource-intensive services — such as small-group instruction, individual tutoring and support, and specialized skills training — are dependent on additional funding and are only available through IDEA.

How can special education address those needs and support overall learning and health?

Students with ADHD and TS can benefit from services such as small-group or one-on-one instruction, early academic intervention, and special education.[19,20] Special education under IDEA can be an essential pathway for students with these disorders to access the necessary support and interventions to succeed in educational settings.

Evidence suggests that there is an advantage to combining services for students with IEPs — for example, by coordinating academic supports alongside behavioral interventions and related services such as counseling — versus providing accommodations through other mechanisms.[21] This can be particularly important for services that are more cost-intensive for schools, as it allows for greater coordination, more tailored services, and potential cost sharing. When students are deemed eligible for special education through IDEA, schools are required to provide coordinated services and supports through IEPs, including access to trained specialists, accommodations, and modifications tailored to students' needs.[22] Further, studies show that students who are eligible for services through IDEA are more likely to receive educational interventions and support in school.[23]

State policymakers can play an important role in supporting access to these services for students with neurodevelopmental conditions like ADHD and TS, as states often have flexibility to further elaborate on federal OHI eligibility criteria and processes. When such elaboration is aligned with current knowledge and understanding of disability, it represents a promising option to improve supports for students with ADHD and TS. Evidence indicates a connection between educational attainment and long-term health outcomes, particularly for students who face social and economic barriers.[24] Although direct research linking OHI-specific eligibility standards to health outcomes remains limited, broader literature consistently demonstrates connections between improved access to services, improved educational outcomes, and improved health.[25] At the same time, this chain of impact is contingent on the quality, inclusivity, and consistency of service delivery.[26]

State policy-makers can play an important role in supporting access to these services for students with neurodevelop-mental conditions like ADHD and TS, as states often have flexibility to further elaborate on federal OHI eligibility criteria and processes.

Challenges students with ADHD and TS may face accessing special education services

There are numerous challenges students and their families may face navigating the OHI eligibility process. Some key challenges may relate to how eligibility is defined by states and an overall lack of awareness or understanding of the eligibility process, including documentation requirements.[27,28] Further research could inform and better document the connection between special education access and health outcomes.

Broad OHI eligibility criteria with limited guidance specific to ADHD and TS

While other neurodevelopmental disorders have specific eligibility categories and criteria, the federal definition of OHI groups ADHD and TS under a broad category with various physical conditions and unrelated disorders.[29] ADHD and TS are the *only* neurodevelopmental disorders categorized this way. Although the law lists ADHD and TS as potentially qualifying disorders under OHI, the full definition provides does not elaborate on how eligibility criteria should be used to demonstrate limitations in educational functioning.[30] For example, IDEA does not define what constitutes "limited alertness" or "heightened alertness to environmental stimuli," or how to determine if a condition is "adversely affect[ing] a child's educational performance," leaving these criteria open to interpretation.[31] Further, IDEA has not been amended since 1999 and does not reflect current knowledge of how disorders such as ADHD and TS affect educational needs, as reflected in more recent publications, like the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition, which identified ADHD and TS as neurodevelopmental disorders in 2013.[32]

When ADHD and TS are classified as health impairments rather than educational disabilities, schools may rely on diagnoses by outside providers rather than eligibility determinations made by school psychologists or the school-based multidisciplinary team[33] — defined under IDEA as "a group of qualified professionals and the parent of the child."[34] Access to comprehensive educational evaluations by psychologists and other specialized diagnosticians through medical insurance is generally limited or unavailable.[35] Families — especially those with limited economic resources — may need to rely on primary care providers for a diagnosis.[36] However, not all primary care providers offer diagnosis of ADHD and TS,[37,38] and those who do may not have the training or skills to provide comprehensive recommendations for school-based behavioral interventions and accommodations.[39,40] This can leave gaps between health care documentation and the information schools need to make eligibility determinations.

When ADHD and TS are classified as health impairments rather than educational disabilities, schools may rely on diagnoses by outside providers rather than eligibility determinations made by school psychologists or the school-based multidisciplinary team.

Knowledge and awareness gaps about how ADHD and TS affect educational functioning and required eligibility documentation

Knowledge and awareness gaps about ADHD and TS, as well as the OHI eligibility criteria, can contribute to issues related to documentation of a student's disability and the resulting functional limitations that can negatively affect their education.[41] IEP eligibility determinations rely heavily on whether assessments by the school district document proof of disability and resulting functional limitations. Although the IEP team can consider existing medical records, most are not required to do so. Additionally, documentation of a child's behaviors by caregivers and teachers can provide essential information to the IEP team.[42] Since health care providers typically keep records based on insurance requirements, the standard documentation they provide may not contain the information an IEP team needs to determine OHI eligibility. Teachers and caregivers may also not know what to document — particularly if they are unfamiliar with the disorders and the various ways they may present.

Documentation of a child's behaviors by caregivers and teachers can provide essential information to the IEP team.

Guidance from the U.S. Department of Education and the Tourette Association of America highlights that eligibility determinations should not be limited by high IQ or strong academic performance, because students with ADHD and TS can be eligible for IEPs based on documented nonacademic impairments — such as attention, executive functioning, or behavior — if they interfere with their ability to function in the school environment.[43,44] A concern is that without inclusion of nonacademic impairments, students with ADHD and TS who are considered academically gifted may also be deemed ineligible for individualized instruction through services for gifted students because they do not perform well on the standardized tests used to determine eligibility.[45] Further, the heterogeneous OHI definition may lead to an over-emphasis on identifying and addressing learning-related symptoms rather than behavioral needs. Most students with ADHD who have an IEP have goals related to academic deficits but lack goals and interventions to address behavioral deficits,[46,47] despite the evidence that classroom-based behavioral interventions can be effective in addressing symptoms.[48,49]

Another common barrier to eligibility relates to school absences. Absences can present barriers in many ways. For example, assessment teams may cite absences as a reason why they cannot fully assess a student's eligibility.[50] However, absences can also be the result of a student's disability and a significant way their disability interferes with their educational participation.[51] Consideration of how absenteeism is affected by a student's disability can be undermined if health care providers do not adequately document that the absences are directly related to the disability.[52] Further, caregivers and families may not be aware that they can document this information, as it can be essential to the IEP determination process.

Need for disaggregated data and additional research

IDEA requires states to report certain educational data, such as disciplinary removals, and this data is disaggregated by race, gender, English learner status, and disability category.[53] Because ADHD and TS fall under OHI, there is no way to isolate these student populations within the disaggregated data. For example, there is no way to identify only students with ADHD or TS disaggregated by race. This data also does not include students covered under Section 504 and therefore is not inclusive of all students with ADHD and TS. The availability of comprehensive disaggregated data could improve accuracy of research and reporting, as well as inform decisions about which services are offered and whether those services are meeting students' needs.

Despite presumed correlations,[54,55,56,57,58] additional research could connect state-level legal refinements to OHI criteria with measurable educational attainment and health outcomes. Further, interdisciplinary research could evaluate how changes in eligibility criteria affect access to and quality of services, educational trajectories, and health outcomes — especially for socioeconomically disadvantaged students, who may benefit from more inclusive special education interventions.[59] Future studies could include comparative analyses across states with divergent eligibility criteria and qualitative data capturing student, family, and educator experiences navigating eligibility.

Promising policy options to help students with ADHD and TS access special education

Currently, states have the option to provide more specific eligibility criteria for services under IDEA through laws and regulations.[60] This flexibility has led to variation across states in both the extent of the elaboration and the aspects of the federal OHI definition they address.[61] For example, Hawaii state laws and regulations provide additional guidance in a few areas: how a child's disability must be documented and by whom; how to demonstrate that a child's disability contributes to "limited alertness" in an educational environment; and how to show that these limitations "adversely affect [the] child's educational performance."[62] Nevada, on the other hand, adopts the federal eligibility definition without additional requirements or guidance.[63] Some states may provide additional guidance for the OHI category generally, whereas others may provide guidance for a specific disability listed within it, such as ADHD.[64] For example, Alabama provides minimum evaluative components for both OHI generally and for ADHD specifically, but does not provide any additional guidance for TS.[65] However, not all state-specific criteria are aligned with current diagnostic and treatment guidelines. Multiple states require that even for neurodevelopmental disorders, the health impairment determination must be made by a licensed medical provider rather than other qualified personnel, such as a licensed mental health professional.[66]

The following sections outline several promising, evidence-informed policy options that states can consider for increasing access to special education.

Provide additional clarification on eligibility criteria

States can strengthen OHI eligibility guidance by developing or refining policies that reflect current evidence on the diagnosis, treatment, and support of ADHD, TS, and related conditions. This may include clarifying how eligibility criteria could be applied in practice — for example, by specifying how functional limitations may be documented, how characteristics such as "limited, strength, vitality, or alertness" may present in educational settings, and which qualified mental professionals, including school psychologists, may determine the presence of neurodevelopmental conditions. States without additional guidance can review approaches used in other jurisdictions and consider developing their own policies.

Develop and disseminate trainings and resources for health care providers and educators

Education and training for health care providers and educators on complex neurodevelopmental disorders, as well as IDEA requirements and processes, may mitigate barriers to effectively supporting students with these disorders.[67] Health care providers and educators could benefit from standardized forms that explain OHI criteria and include questions that clearly delineate eligibility requirements.[68] Health care providers, who often use language in documentation more aligned with medical billing than IDEA terminology, could also benefit from resources characterizing billing codes that can be used to cover IEP meetings. Additional trainings, like the American Academy of Pediatrics' PediaLink courses on "Helping Families Navigate Systems: Special Education and SSI for Children with Disabilities" and "ADHD Strategies for Effective Communication and Collaboration with Families and Schools,"[69] can help build provider and educator knowledge of available resources. Students and schools alike may also benefit from education and training to increase awareness and understanding of neurodevelopmental disorders and IDEA terminology.[70] For example, the New Mexico Public Education Department provides resources and additional information to help with understanding and evaluating the unique needs of students with TS.[71]

Beyond the IEP process, there are other opportunities to support schools in improving staffing levels and strengthening teacher-student relationships. Teacher-specific education, such as behavioral parent and teacher training,[72] training to support consistent disciplinary decisions and developmentally appropriate behavioral expectations,[73] and training related to challenges experienced by students with ADHD and TS, can help improve relationships between teachers and students, increase collaboration between families and schools, and support positive involvement in students' growth and learning.

Support students and families throughout the IEP eligibility process and create opportunities for engagement

Evidence supports the value of policies and practices that provide students and their families meaningful opportunities to participate and collaborate in the IEP eligibility process.[74] Ensuring meaningful participation requires developing IEPs that are responsive to families' cultural backgrounds and preferred languages and that avoid excessive use of legal, medical, or bureaucratic jargon.[75] Student-led IEPs can also improve student learning, confidence, and self-determination.[76]

Expand and enhance data collection through cross-sector collaboration

To better assess support needs and evaluate effectiveness, jurisdictions can consider engaging in cross-sector collaborations to track how students with ADHD and TS are being supported, determine whether those supports are provided through a Section 504 plan or an IEP, and identify support gaps and additional needs. Jurisdictions and providers with access to more complete data — including data for specific disabilities — may be better equipped to identify supports and interventions tailored to each student. Additionally, states and other jurisdictions may be able to engage in cross-sector, consent-based data sharing to identify students who may be eligible for special education and related supports, target outreach to students and families with unmet needs, and improve coordination among agencies and service providers. For example, a data sharing memorandum of understanding was established among public schools in Washington, DC, the Department of Health, and the Medicaid agency with the goal of facilitating more coordinated care for students with special health care needs.[77]

Resources

- American Academy of Pediatrics:
  - ADHD: Strategies for Effective Communication and Collaboration with Families and Schools
  - Helping Families Navigate Systems: Special Education and SSI for Children with Disabilities — Enduring
- Campbell Law Review, Decoding Eligibility Under the IDEA: Interpretations of "Adversely Affect Educational Performance"
- Centers for Disease Control and Prevention (CDC):
  - ADHD in the Classroom
  - Information about Tourette Syndrome for Educators
- ChangeLab Solutions, Developing Positive Disciplinary Strategies to Support Children with ADHD and Tourette Syndrome
- Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD), For Educators: Educational Rights
- Congress.gov:
  - The Individuals with Disabilities Education Act (IDEA) Funding: A Primer
  - The Individuals with Disabilities Education Act (IDEA), Part B: Key Statutory and Regulatory Provisions
- Kennedy Krieger Institute, Supporting Mutual Understanding of Special Education Other Health Impairment Eligibility
- National Center on Educational Outcomes, The Basics of Accommodations and Modifications
- National Education Policy Center, Section 504 Plans: Examining Inequitable Access and Misuse
- Tourette Association of America, Tools for Educators

Acknowledgments

Policy Options to Support Special Education Access for Students with ADHD and Tourette Syndrome was created by ChangeLab Solutions. Development of this resource was overseen by Alexis Etow, managing director, and Christine Camilleri, senior planner. This resource was written by Jessica Breslin, senior attorney, and Amanda Fernandes, senior attorney. Production support by Kim Arroyo Williamson, chief communications officer.

This publication is part of a project conducted in collaboration with the Centers for Disease Control and Prevention, Temple University's Center for Public Health Law Research, and ChangeLab Solutions. This publication was supported by the Centers for Disease Control and Prevention of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling $1,649,998.00 with 100 percent funded by CDC/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by CDC/HHS, or the U.S. Government.

This resource was published in July 2026.

References

1 Neurodevelopmental disorders are defined by the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition.

2 34 C.F.R. § 300.8(c)(9) (2026).

3 Individuals with Disabilities Education Act (IDEA). U.S. Department of Education. Last reviewed April 2, 2026. Accessed April 2, 2026. **ed.gov/laws-and-policy/individuals-disabilities/idea**.

4 34 C.F.R. § 300.8 (2026).

5 *Ibid*.

6 American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed, text rev. American Psychiatric Association; 2022. **doi.org/10.1176/appi.books.9780890425787**.

7 34 C.F.R. § 300.8(c)(9) (2026).

8 ADHD in the Classroom. Centers for Disease Control and Prevention. Published October 22, 2024. Accessed April 2, 2026. **cdc.gov/adhd/treatment/classroom.html**.

9 Information about Tourette Syndrome for Educators. Centers for Disease Control and Prevention. Published March 27, 2026. Accessed April 2, 2026. **cdc.gov/tourette-syndrome/info-for-educators/index.html**.

10 ADHD in the Classroom. Centers for Disease Control and Prevention. Published October 22, 2024. Accessed April 2, 2026. **cdc.gov/adhd/treatment/classroom.html**.

11 Information about Tourette Syndrome for Educators. Centers for Disease Control and Prevention. Published March 27, 2026. Accessed April 2, 2026. **cdc.gov/tourette-syndrome/info-for-educators/index.html**.

12 ADHD in the Classroom. Centers for Disease Control and Prevention. Published October 22, 2024. Accessed April 2, 2026. **cdc.gov/adhd/treatment/classroom.html**.

13 Information about Tourette Syndrome for Educators. Centers for Disease Control and Prevention. Published March 27, 2026. Accessed April 2, 2026. **cdc.gov/tourette-syndrome/info-for-educators/index.html**.

14 U.S. Department of Education, Office for Civil Rights. *Dear Colleague Letter and Resource Guide on Students with ADHD and Section 504*. July 2016. Accessed April 2, 2026. **ed.gov/sites/ed/files/about/offices/list/ocr/letters/colleague-201607-504-adhd.pdf**.

15 29 U.S.C. § 794 (2026).

16 *See* Hebbeler K & Spiker D. Supporting young children with disabilities. *Future Child*. 2016;26(2):185-205. **doi.org/10.1353/foc.2016.0018**.

17 Wolraich ML, Hagan JF Jr, Allan C, et al. Clinical practice guideline for the diagnosis, evaluation, and treatment of attention-deficit/hyperactivity disorder in children and adolescents. *Pediatrics*. 2019;144(4):e20192528. **doi.org/10.1542/peds.2019-2528**.

18 Information about Tourette Syndrome for Educators. Centers for Disease Control and Prevention. Published March 27, 2026. Accessed April 2, 2026. **cdc.gov/tourette-syndrome/info-for-educators/index.html**.

19 *See, e.g.,* DuPaul GJ, Eckert TL, Vilardo B. The effects of school-based interventions for attention deficit hyperactivity disorder: a meta-analysis 1996-2010, *Sch Psychol Rev*. 2012;41(4):387-412. **doi.org/10.1080/02796015.2012.12087496**.

20 Information about Tourette Syndrome for Educators. Centers for Disease Control and Prevention. Published March 27, 2026. Accessed April 2, 2026. **cdc.gov/tourette-syndrome/info-for-educators/index.html**.

21 Spiel CF, Evans SW, Langberg JM. Evaluating the content of individualized education programs and 504 plans of young adolescents with attention deficit/hyperactivity disorder. *Sch Psychol Q*. 2014;29(4):452–468. **doi.org/10.1037/spq0000101**.

22 34 C.F.R. §§ 300.34, 300.39, 300.101-300.113, 300.203, 300.320-300.324 (2026).

23 Rhinehart, L., Iyer, S., & Haager, D. (2022). Children who receive special education services for ADHD: early indicators and evidence of disproportionate representation in the early childhood longitudinal study (ECLS-K: 2011). *Journal of Emotional and Behavioral Disorders*, 30, 3-15. **doi.org/10.1177/10634266211039757**.

24 Kim M, King MD, Jennings J. ADHD remission, inclusive special education, and socioeconomic disparities. *SSM Popul Health*. 2019;8:100420. **doi.org/10.1016/j.ssmph.2019.100420**. Erratum in: *SSM Popul Health*. 2020;12:100709. **doi.org/10.1016/j.ssmph.2020.100709**.

25 *See* Hurwitz S, Perry B, Cohen ED, Skiba R. Special education and individualized academic growth: a longitudinal assessment of outcomes for students with disabilities. *Amer Edu Res J*. 2020;57(2):576-611. **doi.org/10.3102/0002831219857054**; Zajacova A, Lawrence EM. The relationship between education and health: reducing disparities through a contextual approach. *Annu Rev Public Health*. 2018;39:273-289. **doi.org/10.1146/annurev-publhealth-031816-044628**; Raghupathi V, Raghupathi W. The influence of education on health: An empirical assessment of OECD countries for the period 1995–2015. *Arch Public Health*. 2020;78(20). **doi.org/10.1186/s13690-020-00402-5**.

26 Cole SM, Murphy HR, Frisby MB, Robinson J. The relationship between special education placement and high school outcomes. *J Spec Educ*. 2023;57(1):13-23. **doi.org/10.1177/00224669221097945**.

27 O'Connor E, Yasik AE, Horner SL. Teachers' knowledge of special education laws: what do they know? *Insights Learn Disabil*. 2016;13(1):7-18. **eric.ed.gov/?id=EJ1103671**.

28 Carey L, Legg M, Cannon A, Lance E, Thornton CP, Rubl K, Jacobson LA. *Supporting Mutual Understanding of Special Education Other Health Impairment Eligibility*. Kennedy Krieger Institute, Johns Hopkins University School of Medicine. 2023. Accessed April 3, 2026. **kennedykrieger.org/sites/default/files/library/documents/training/center-for-innovation-and-leadership-in-special-education/19214_2023CILSEWhitePaper_IA1%20(1).pdf**.

29 34 C.F.R. § 300.8(c)(9) (2026).

30 *Ibid*.

31 Briesch AM, Waldron FM, Beneville MA. State variation regarding Other Health Impairment eligibility criteria for attention deficit hyperactivity disorder. *School Ment Health*. 2023;15:765–776. **doi.org/10.1007/s12310-023-09581-2**.

32 *Compare* 34 C.F.R. § 300.8(c)(9) (2026) and American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed, text rev. American Psychiatric Association; 2022. **doi.org/10.1176/appi.books.9780890425787**.

33 Fabiano GA, Lupas K, Merrill BM, Schatz NK, Piscitello J, Robertson EL, Pelham WE Jr, Reconceptualizing the approach to supporting students with Attention-Deficit/Hyperactivity Disorder in school settings. *J Sch Psychol*. 2024;104. **doi.org/10.1016/j.jsp.2024.101309**.

34 34 C.F.R. § 300.306(a)(1) (2026).

35 Aetna. *Neuropsychological and Psychological Testing*. Medical Clinical Policy Bulletin No. 0158. Effective May 16, 1997. Last Reviewed March 20, 2026. Accessed April 3, 2026. **aetna.com/cpb/medical/data/100_199/0158.html**.

36 Gipson TT, Lance EI, Albury RA, Gentner MB, Leppert ML. Disparities in identification of comorbid diagnoses in children with ADHD. *Clin Pediatr*. 2015;54(4):376-381. **doi.org/10.1177/0009922814553434**.

37 Newsome K, Hutchins HJ, Bitsko RH, et al. Health care providers' attitudes and knowledge related to tic disorder identification and treatment. *J Dev Behav Pediatr*. 2025;46(2):e175-e182. **doi.org/10.1097/dbp.0000000000001345**.

38 Newsome K, Leeb RT, Katz SM, et al. ADHD care for children and adults: clinician reported services, barriers, knowledge, and training needs. *J Amn Board of Fam Med*. 2026;39(1): 159304. **doi.org/10.3122/jabfm.2025.250252R1**.

39 Fabiano GA, Lupas K, Merrill BM, et al. Reconceptualizing the approach to supporting students with Attention-Deficit/Hyperactivity Disorder in school settings. *J Sch Psychol*. 2024;104. **doi.org/10.1016/j.jsp.2024.101309**.

40 Wolraich ML, Hagan JF Jr, Allan C, et al. Clinical practice guideline for the diagnosis, evaluation, and treatment of Attention-Deficit/Hyperactivity Disorder in children and adolescents. *Pediatrics*. 2019;144(4):e20192528. **doi.org/10.1542/peds.2019-2528**.

41 Carey L, Legg M, Cannon A, Lance E, Thornton CP, Rubl K, Jacobson LA. *Supporting Mutual Understanding of Special Education Other Health Impairment Eligibility*. Kennedy Krieger Institute, Johns Hopkins University School of Medicine. 2023. Accessed April 3, 2026. **kennedykrieger.org/sites/default/files/library/documents/training/center-for-innovation-and-leadership-in-special-education/19214_2023CILSEWhitePaper_IA1%20(1).pdf**.

42 *Ibid*.

43 Tourette Association of America. *IEP Eligibility Is Not Only Based on Academics*. Accessed April 3, 2026. **tourette.org/resource/iep-eligibility-is-not-only-based-on-academics**.

44 U.S. Department of Education, Office for Civil Rights. *Dear Colleague Letter and Resource Guide on Students with ADHD and Section 504*. July 2016. Accessed April 2, 2026. **ed.gov/sites/ed/files/about/offices/list/ocr/letters/colleague-201607-504-adhd.pdf**.

45 Gilman BJ, Lovecky DV, Rimm SB, et al. Critical issues in the identification of gifted students with co-existing disabilities: the twice-exceptional. *SAGE Open*. 2013;3(3). **doi.org/10.1177/2158244013505855**.

46 Hustus CL, Evans SW, Owens JS, et al. An evaluation of 504 and individualized education programs for high school students with attention deficit hyperactivity disorder. *Sch Psychol Rev*. 2020;49(3):333-345. **doi.org/10.1080/2372966X.2020.1777830**.

47 Sikov J, Fabiano GA, Schatz NK, et al. Content analysis of individualized education programs for children with Attention-Deficit/Hyperactivity Disorder. *Sch Psychol Rev*. 2026;55(1):46-64. **doi.org/10.1080/2372966X.2024.2411581**.

48 Wolraich ML, Hagan JF Jr, Allan C, et al. Clinical practice guideline for the diagnosis, evaluation, and treatment of Attention-Deficit/Hyperactivity Disorder in children and adolescents. *Pediatrics*. 2019;144(4):e20192528. **doi.org/10.1542/peds.2019-2528**.

49 Hustus CL, Evans SW, Owens JS, et al. An evaluation of 504 and individualized education programs for high school students with attention deficit hyperactivity disorder. *Sch Psychol Rev*. 2020;49(3):333-345. **doi.org/10.1080/2372966X.2020.1777830**.

50 Carey L, Legg M, Cannon A, Lance E, Thornton CP, Rubl K, Jacobson LA. *Supporting Mutual Understanding of Special Education Other Health Impairment Eligibility*. Kennedy Krieger Institute, Johns Hopkins University School of Medicine. 2023. Accessed April 3, 2026. **kennedykrieger.org/sites/default/files/library/documents/training/center-for-innovation-and-leadership-in-special-education/19214_2023CILSEWhitePaper_IA1%20(1).pdf**.

51 *See, e.g.,* National Center on Educational Outcomes. *Students with Disabilities and Chronic Absenteeism*. NCEO Brief No. 15. 2018. Accessed April 3, 2026. **nceo.umn.edu/docs/OnlinePubs/NCEOBrief15.pdf**.

52 *See Fifth Circuit Court Clarifies: Absenteeism Alone Does Not Trigger IDEA Child Find, and Attendance-Based Lack of instruction Can Defeat Eligibility*. Casemine. Published November 13, 2025. Accessed April 10, 2026. **casemine.com/commentary/us/fifth-circuit-clarifies%3A-absenteeism-alone-does-not-trigger-idea-child-find%2C-and-attendance-based-lack-of-instruction-can-defeat-eligibility/view**; *see also* National Center on Educational Outcomes. *Students with Disabilities and Chronic Absenteeism*. NCEO Brief No. 15. 2018. Accessed April 3, 2026. **nceo.umn.edu/docs/OnlinePubs/NCEOBrief15.pdf**.

53 20 U.S.C. § 1418 (2019); *see also* Office of Special Education Programs, *IDEA Section 61 State Part B Discipline*. Accessed April 3, 2026. **data.ed.gov/dataset/docs/idea-section-618-state-part-b-discipline**.

54 Ehrhardt J, Huntington N, Molino J, Barbaresi, W. Special education and later academic achievement. *J Dev Behav Pediatr*. 2013;34(2):111-119. **doi.org/10.1097/DBP.0b013e31827df53f**.

55 Hwang N. Label to help: the effects of special education on student outcomes. (EdWorkingPaper: 24-939). Retrieved from Annenberg Institute at Brown University. **doi.org/10.26300/x80b-kc75**.

56 Spiel CF, Evans SW, Langberg JM. Evaluating the content of individualized education programs and 504 plans of young adolescents with attention deficit/hyperactivity disorder. *Sch Psychol Q*. 2014;29(4):452–468. **doi.org/10.1037/spq0000101**.

57 Raghupathi V, Raghupathi W. The influence of education on health: An empirical assessment of OECD countries for the period 1995–2015. *Arch Public Health*. 2020;78(20). **doi.org/10.1186/s13690-020-00402-5**.

58 Hurwitz S, Perry B, Cohen ED, Skiba R. Special education and individualized academic growth: a longitudinal assessment of outcomes for students with disabilities. *Amer Edu Res J*. 2020;57(2):576-611. **doi.org/10.3102/0002831219857054**.

59 Kim M, King MD, Jennings J. ADHD remission, inclusive special education, and socioeconomic disparities. *SSM Popul Health*. 2019;8:100420. **doi.org/10.1016/j.ssmph.2019.100420**. Erratum in: *SSM Popul Health*. 2020;12:100709. **doi.org/10.1016/j.ssmph.2020.100709**.

60 Briesch AM, Waldron FM, Beneville MA. State variation regarding Other Health Impairment eligibility criteria for attention deficit hyperactivity disorder. *School Ment Health*. 2023;15:765–776. **doi.org/10.1007/s12310-023-09581-2**.

61 *Ibid*.

62 *Ibid*.

63 *Ibid*.

64 *Ibid*.

65 Ala. Admin. Code § 290-8-9-.03.

66 Briesch AM, Waldron FM, Beneville MA. State variation regarding Other Health Impairment eligibility criteria for attention deficit hyperactivity disorder. *School Ment Health*. 2023;15:765–776. **doi.org/10.1007/s12310-023-09581-2**.

67 McKenna K, Wanni Arachchige Dona S, Gold L, Dew A, Le HND. Barriers and enablers of service access and utilization for children and adolescents with attention deficit hyperactivity disorder: a systematic review. *J Atten Disord*. 2024;28(3):259-278. **doi.org/10.1177/10870547231214002**.

68 Carey L, Legg M, Cannon A, Lance E, Thornton CP, Rubl K, Jacobson LA. *Supporting Mutual Understanding of Special Education Other Health Impairment Eligibility*. Kennedy Krieger Institute, Johns Hopkins University School of Medicine. 2023. Accessed April 3, 2026. **kennedykrieger.org/sites/default/files/library/documents/training/center-for-innovation-and-leadership-in-special-education/19214_2023CILSEWhitePaper_IA1%20(1).pdf**.

69 Free child development and disability PediaLink courses. American Academy of Pediatrics. Last Updated November 3, 2025. Accessed April 10, 2026. **aap.org/en/patient-care/developmental-surveillance-and-screening-patient-care/developmental-surveillance-resources-for-pediatricians/free-child-development-and-disability-pedialink-courses**.

70 Carey L, Legg M, Cannon A, Lance E, Thornton CP, Rubl K, Jacobson LA. *Supporting Mutual Understanding of Special Education Other Health Impairment Eligibility*. Kennedy Krieger Institute, Johns Hopkins University School of Medicine. 2023. Accessed April 3, 2026. **kennedykrieger.org/sites/default/files/library/documents/training/center-for-innovation-and-leadership-in-special-education/19214_2023CILSEWhitePaper_IA1%20(1).pdf**.

71 Additional Tourette's syndrome information and links (under OHI). New Mexico Public Education Department. Accessed April 10, 2026. **web.ped.nm.gov/bureaus/special-education/disability-categories/additional-tourettes-syndrome-information-and-links-under-ohi**.

72 van der Oord S, Tripp G. How to improve behavioral parent and teacher training for children with ADHD: integrating empirical research on learning and motivation into treatment. *Clin Child Fam Psychol Rev*. 2020;23(4):577-604. **doi.org/10.1007/s10567-020-00327-z**.

73 Novoa C, Malik R. *Suspensions Are Not Support: The Disciplining of Preschoolers with Disabilities*. Center for American Progress. 2018. Accessed April 10, 2026. **americanprogress.org/article/suspensions-not-support**.

74 McKenna K, Wanni Arachchige Dona S, Gold L, Dew A, Le HND. Barriers and enablers of service access and utilization for children and adolescents with attention deficit hyperactivity disorder: a systematic review. *J Atten Disord*. 2024;28(3):259-278. **doi.org/10.1177/10870547231214002**.

75 *See* Jung AW, Individualized Education Programs (IEPs) and barriers for parents from culturally and linguistically diverse backgrounds. *Multicult Educ*, 2011;19(3):21-25. Accessed April 10, 2026. **eric.ed.gov/?id=EJ955935**; McKenna K, Wanni Arachchige Dona S, Gold L, Dew A, Le HND. Barriers and enablers of service access and utilization for children and adolescents with attention deficit hyperactivity disorder: a systematic review. *J Atten Disord*. 2024;28(3):259-278. **doi.org/10.1177/10870547231214002**.

76 Hawbaker BW. Student-led IEP meetings: planning and implementation strategies. *TEACHING Exceptional Children Plus*. 2007;3(5): Article 4. Accessed April 10, 2026. **eric.ed.gov/?id=EJ967458**.

77 Silow-Carroll S, Rodin D, Pham A. *Interagency, Cross-Sector Collaboration to Improve Care for Vulnerable Children: Lessons for California from Six State Initiatives*. Health Management Associates. 2018. Accessed April 10, 2026. **lpfch.org/wp-content/uploads/2024/02/hma_interagency_collaboration_ca_report_02.15.2018.pdf**.