

Special Education and Medical Information

Special education, by its nature, often requires educators to consider medical information from physicians. But what happens when the educators and physician disagree about what is educationally appropriate for a student? That is the question faced by the court in *Marshall Joint School District v. C.D.* In that case, a child qualified for IDEA services due to a joint disease that required him to receive specialized services in P.E. During a mandated eligibility review three years later, however, the school district determined that he no longer qualified as he did not require specialized instruction. Rather, he simply needed some modifications that could be adequately addressed by a health care plan. The student's parents strongly disagreed and offered the opinion of their physician, who stated that the student's joint disease caused him pain and fatigue and that it could affect his educational performance. The parents sought due process, and the ALJ agreed with the physician's opinions and ordered the school district to continue the student's eligibility and services.

The school district appealed to the federal district court and then the court of appeals. The court of appeals reversed the ALJ and agreed that the child did not qualify for services under IDEA. Specifically the court of appeals rejected the ALJ's reliance on the student's physician, noting that she had done only a brief evaluation of the student, relied almost solely on the parents for information, had never done any testing or observation of his educational performance, and had no expertise in special education at all. The court stated succinctly: "a physician's diagnosis and input on a child's medical condition is important and bears on the team's informed decision on a student's needs. But a physician cannot simply prescribe special education." Rather, decisions about special education must be made by the team. The case is *Marshall Joint School District v. C.D.*, 110 LRP 44405 (7th Cir. 2010).

This case vividly illustrates two concepts. First, an IEP team is just that – a team. No single person, not even a physician, can dictate the outcome of the IEP process. Second, educators are generally presumed to be in the best position to assess and address a child's educational needs. While an IEP team must carefully consider medical information presented to it, the IEP process is ultimately an educational process, not a medical one. While physicians can provide valuable information for an IEP team to consider, an IEP team must address a child's educational needs.