

Quick Guide - Educational vs. Medical in the IEP

In the IEP process, understanding whether a service is educational or medical supports both compliance and student-centered planning. Documentation should reflect the need, not the funding.

Key Distinctions

Educational Services

Medical Services

| Support access to academics, behavior, or progress | Address a diagnosed health condition |
|----------------------------------------------------|-----------------------------------------------------------|
| Focus on instruction or skill-building | Focus on treatment or health management |
| May be delivered by educational staff | Should be delivered or overseen by licensed professionals |
| Not SHARS billable | May be SHARS billable (if medically necessary & in IEP) |

Three Filters to Guide Classification

1. What is the purpose of the service?

Learning-based = likely educational.

Health-based = may be medical.

- Would a nondisabled student receive it?
 If yes → likely educational.
- Is it tied to a diagnosed condition?
 If yes → assess for SHARS medical necessity.

Same Task, Different Purpose

| Task | Educational Purpose | Medical Purpose |
|----------------|-----------------------------------|-----------------------------------------------------|
| Feeding | Life skills instruction | Dysphagia support due to diagnosis |
| OT for Writing | Support legibility for schoolwork | Address neuromuscular condition like cerebral palsy |

Documentation Pointers & Reminders: Where to Document in the IEP

Section What to Include

| FIE | Eligibility info, related services, medical diagnosis, if applicable | |
|------------------------------|-----------------------------------------------------------------------|--|
| PLAAFP | How the condition affects school functioning/access | |
| Goals | Aligned to purpose: academic = educational, health/function = medical | |
| Services Schedule | Minutes, provider, frequency, location | |
| Accommodations/Modifications | Specific supports tied to instruction, not vague ("as needed") | |
| Supplements | PCS, Transportation, Assistive Tech, BIP, Transition, etc. | |
| ARD Deliberations | Explain the why — how the service supports access or success | |

Common Missteps

- Listing services without goals or needs
- Using task-based language without purpose (e.g., "help with math")
- Missing supplements

- Describing a medical service as instructional
- Vague phrases like "as needed" or "support with tasks"

Final Reminders

- Every IEP should be a map of the student's needs.
- SHARS is one tool not the compass.
- If you're unsure, pause and collaborate. IEPs should be written as a team.
- Clarity in documentation protects services, students, and the district.

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