

Disability Worksheet: Other Health Impairment

Student Information	
Student: Local ID: State USI: Last Eligibility Meeting Date:	Date of Birth: Grade: Last IEP Annual Review Meeting Date:
LEA/ School Information	
LEA of Enrollment: School/ Site: School Address:	Case Manager: School Phone:

Teams should use the following checklist as a tool to facilitate discussion about the determination of eligibility for other health impairment (OHI). Teams are expected to use evidence including evaluation information and other existing data to confirm or deny each criterion in order to make a differential determination of eligibility.

Other Health Impairment
<p>State definition: Other health impairment shall mean 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 is due to chronic or acute health problems and adversely affects a child's educational performance.</p> <p>Federal and state regulations references: 34 CFR §300.8(c)(9); 5-A DCMR §3011.10</p>

Directions: Check the box below if the team has evidence to show that the student meets the following criteria. The student must meet all criteria to be eligible for other health impairment.

Eligibility Criteria	
	<p>1. The student exhibits limited strength, vitality, or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment.</p>
	<p>2. The student exhibits a chronic or acute health problem. This may include <u>but is not limited to</u> asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, or Tourette syndrome.</p>
	<p>3. The health impairment adversely affects a student's educational performance.</p> <p>Identify the source of current data used to make a determination regarding this criterion: _____.</p>

Decision
The team reviewed all relevant evaluation and other existing data and determined that: _____ The student meets all of the criteria for other health impairment. _____ The student does not meet all of the required criteria for other health impairment.
Date of Decision: _____