Other Health Impairment

Assessment Documentation

| School District | School | Grade |
|-----------------|-----------------|-------|
| Student | Date of Birth// | Age |

| 1. Definition | | | | |
|--|-------|------|--|--|
| chronic or acute health problems that require specially designed instruction are documented in one (1) of the following | | | | |
| impaired organizational or work skills | 🛛 Yes | 🛛 No | | |
| inability to manage or complete tasks | Yes | 🛛 No | | |
| excessive health-related absenteeism | 🛛 Yes | 🛛 No | | |
| medications that affect cognitive functioning | 🛛 Yes | 🛛 No | | |
| 2. Evaluation Procedures | | | | |
| medical assessment and documentation of student's health | 🛛 Yes | 🛛 No | | |
| Name of physician: | | | | |
| Date of report: | | | | |
| any diagnoses and prognoses of child's health impairments | Yes | 🛛 No | | |
| information, as applicable, regarding medications | 🛛 Yes | 🛛 No | | |
| special health care procedures, special diet, and/or activity restrictions | 🛛 Yes | 🛛 No | | |
| developmental history | 🛛 Yes | 🛛 No | | |
| review of factors impacting educational performance such as attendance, classroom engagement, study skills, education history | 🛛 Yes | 🛛 No | | |
| evaluation of pre-academics or academic skills | Yes | 🛛 No | | |
| direct observations in multiple settings | Yes | 🛛 No | | |
| • informal or formal assessments to address the following, depending on referral concerns: | | | | |
| o adaptive behavior | Yes | 🛛 No | | |
| social/emotional development/functioning | 🛛 Yes | 🛛 No | | |
| o motor/physical | 🛛 Yes | 🛛 No | | |
| communication skills | 🛛 Yes | 🛛 No | | |
| cognitive ability | 🛛 Yes | 🛛 No | | |
| documentation (observation and/or assessment) of how Other Health Impairment adversely impacts educational performance | 🛛 Yes | 🛛 No | | |

Signature of Assessment Team Member

Role

__/___/____ Date

Signature of Assessment Team Member

_/___/___ Date

| | | / |
|-------------------------------------|------|------------|
| Signature of Assessment Team Member | Role | Date |
| Signature of Assessment Team Member | Role | // Date |
| | | / |
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