

Other Health Impairment Assessment Documentation

School System _____
Student _____

School _____
Date of Birth ____/____/____

Grade _____
Age _____

| 1. Definition | | |
|---|------------------------------|-----------------------------|
| <ul style="list-style-type: none"> ▪ chronic or acute health problems that require specially designed instruction are documented in one of the following | | |
| <ul style="list-style-type: none"> ○ impaired organizational or work skills | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ○ inability to manage or complete tasks | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ○ excessive health related absenteeism | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ○ medications that affect cognitive functioning | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Evaluation Procedures | | |
| <ul style="list-style-type: none"> ▪ medical assessment and documentation of student's health | | |
| <ul style="list-style-type: none"> ○ Name of physician: _____ ○ Date of report: _____ | | |
| <ul style="list-style-type: none"> ▪ any diagnoses and prognoses of child's health impairments | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ▪ information, as applicable, regarding medications | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ▪ special health care procedures, special diet, and/or activity restrictions | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ▪ comprehensive psycho-educational assessment that includes measures documenting the student's education performance in the following areas | | |
| <ul style="list-style-type: none"> ○ pre-academics or academic skills | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ○ adaptive behavior | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ○ social/emotional development | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ○ motor skills | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ○ communication skills | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ○ cognitive ability | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <ul style="list-style-type: none"> ▪ documentation (observation and/or assessment) of how Other Health Impairment adversely impacts educational performance | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Signature of Psychologist

Signature of Assessment Team Member

Signature of Assessment Team Member

Signature of Assessment Team Member

Signature of Assessment Team Member

Signature of Assessment Team Member

____/____/____
Date

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Date

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