



Eligibility Worksheet – Other Health Impairment

ELIGIBILITY WORKSHEET – OTHER HEALTH IMPAIRMENT

Student:	Student UID#:	DOB:
School:	Grade:	Age:

The required screenings and formal evaluations required to determine eligibility are as follows:

Date	Evaluation/Screening	Summary of Evaluations/Screening
	Hearing	<input type="checkbox"/> Pass <input type="checkbox"/> Fail ____dB ____Hz Comment: _____
	Vision	<input type="checkbox"/> Pass <input type="checkbox"/> Fail Far: R 20/___ L 20/___ Near: R 20/___ L 20/___ Comment: _____
	(2) Scientific, research-based interventions to address deficiencies in academic/behavioral skills	
	Parent Conference(s)	
	Observation(s) Across Settings (academic, functional and behavioral skills)	
	Social/Developmental History	
	Educational	



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	Medical	
	Other:	

As a result of the required screenings, evaluations and review of existing information, what do we now know about the student?

Strengths

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Needs

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To be determined eligible in the disability category of Other Health Impairment, a child must have a chronic or acute health problem resulting in one or more of the following:

	Characteristic	Documentation/Summary
	Limited strength	



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	Limited vitality	
	Limited alertness, including heightened alertness to environmental stimuli that results in limited alertness with respect to the educational environment	

What is the adverse effect on educational performance?

What evidence exists that the student requires specially designed instruction?

After completing the Eligibility Worksheet, the IEP Team must determine eligibility. (Complete the Eligibility Report)