

Berrien Regional Education Service Agency, Berrien Springs, Michigan 49103

EVALUATION TEAM RECOMMENDATION Other Health Impairment (OHI)

File #:	MET Date:
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Student: _____	D.O.B: _____	Age: _____
District: _____	School: _____	
Dom. Language: _____	Grade: _____	

PURPOSE

- Initial eligibility, MET recommendation/summary. *(Attach all referenced material)*
- Change of eligibility for special education. *(Attach all referenced material)* Previous Eligibility: _____

EVALUATION FINDINGS AND DOCUMENTATION

The following information and documentation is required to recommend eligibility for special education as a student with an other health impairment:

Required Information:

- Ability/Achievement level
- Classroom performance (Relevant behavior and relationship to achievement)
- Educationally relevant medical information
- Physician statement that medical condition is permanent
- Information from parents

Name and Date of Attached Report/Document

ASSURANCE STATEMENTS

The Evaluation Team must consider the following assurance statements before making a recommendation regarding this student's eligibility:

1. This student demonstrates a chronic or acute health problem.
2. The health problem manifests limited strength, vitality or alertness to the educational environment.
3. Adverse affect on student's educational performance.
4. The suspected disability is not due to the lack of appropriate instruction in the essential components of reading or math; or limited English proficiency.
5. The student requires special education programs/services.

RECOMMENDATION OF ELIGIBILITY

The Evaluation Team **1)** finds **all** the assurance statements to be true; **2)** has considered exclusionary factors; and **3)** recommends, based on the evaluation findings, that this student be considered eligible for special education programs/services under the other health impairment rule (R340.1709a). Yes* No

* If recommending eligibility, state present levels of academic achievement and functional performance on the back of this form or attach documentation that addresses this issue.

EVALUATION TEAM SIGNATURES

As a member of the Evaluation Team, I agree with the eligibility recommendation:

Physician* _____	Other/Title _____
Other/Title _____	Other/Title _____

* (Signature on attached report)

This Evaluation Summary **does not** reflect my/our opinion and a separate statement is attached:

Signature/Title _____

EXCLUSIONARY FACTORS WORKSHEET

Other Health Impairment

Each factor must be ruled out as the PRIMARY FACTOR for the student's inability to progress in the general education curriculum, and for obtained cognitive, achievement, adaptive, and health/behavior scores.	Yes	No
1. Lack of appropriate instruction in essential components of reading and math		
Does information obtained during assessment indicate lack of appropriate instruction in reading and math as the determinant factor in this student's inability to progress in the general education curriculum?		
2. Limited English Proficiency		
<ul style="list-style-type: none"> • Is there a language other than English spoken by this student? 		
<ul style="list-style-type: none"> • Is there a language other than English spoken by the student's home? 		
<ul style="list-style-type: none"> • Are there any specific dialect or cultural influences that would affect the student's ability to speak or understand English? 		
3. Cultural Background Differences		
<i>Document all information gathered in assessment that would exclude environmental or cultural disadvantage as the determinant factor for this student's inability to access general education curriculum or perform significantly below normal on measures of cognition, achievement, adaptive behavior, and health/behavior.</i>		
<ul style="list-style-type: none"> • Is there compelling evidence from data gathered and information generated to indicate this student is unable to learn or perform on assessments due to cultural or background difference? 		
4. Socioeconomic Status, or Communication, Sensory or Motor Impairments		
<i>Document all information gathered through assessment that would exclude sensory or motor impairments as a factor for this student's deficient performance on assessment of cognition, achievement, adaptive, and health/behavior functioning.</i>		
<ul style="list-style-type: none"> • Does the assessment data indicate that lack of opportunity to learn due to socioeconomic circumstances is the cause or primary reason for the student's deficient scores obtained on cognitive, achievement, adaptive, and health/behavior skills measured? 		
<i>If any of the questions in sections 1-4 are YES, please document the reason a given exclusionary consideration is not the primary reason for the student's deficit cognitive, achievement, adaptive and/or health/behavior scores:</i>		
5. Impairment Specific Considerations		
<ul style="list-style-type: none"> • Are the student's chronic or acute health problems resulting in limited strength, vitality, or alertness (including heightened alertness) with respect to the educational environment? 		
<ul style="list-style-type: none"> • The student's measured skills are not more appropriately explained under other eligibility criteria? 		

Present Level of Academic Achievement and Functional Performance: