# CRITERIA FOR DISABILITY CATEGORY

### **OTHER HEALTH IMPAIRMENT**

### Form ER-1-OHI (Rev. 06/2023)

Date form completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LEA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WISEid\_\_\_\_\_\_\_\_\_\_\_ LEA’s Student ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial evaluation or considering new disability category *(must complete all sections)*

Reevaluat~~ion~~ing category for continuing identification *(must complete all sections)*

This form is provided to assist individualized education program (IEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under [Chapter 115, Wis. Stats](https://docs.legis.wisconsin.gov/statutes/statutes/115)., and [PI 11.36, Wis. Admin. Code](https://docs.legis.wisconsin.gov/code/admin_code/pi/11/36). The IEP team should complete this form to document whether or not the student meets the disability category criteria or continues to meet the criteria during a reevaluation. Attach the criteria form to the Evaluation Report, DPI sample form ER-1, that includes additional information to determine special education eligibility.

Other health impairment means having limited strength, vitality, or alertness, due to chronic or acute health problems. The term includes but is not limited to a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, diabetes, or acquired injuries to the brain caused by internal occurrences or degenerative conditions, which adversely affects a child's educational performance. [PI 11.36 (10), Wis. Admin. Code](https://docs.legis.wisconsin.gov/document/administrativecode/PI%2011.36(10)). Refer to [Forms Guide](https://dpi.wi.gov/sped/laws-procedures-bulletins/procedures/sample/forms) for more information.

Criteria for the disability category of other health impairment may be documented as follows **(all yes/no questions must be checked yes):**

## SECTION I. HEALTH CONDITION

Yes  No Does the student have a health problem? (Including, but not limited to a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, diabetes, or acquired brain injuries caused by internal occurrences or degenerative conditions.) **NOTE:** A prior diagnosis from a licensed physician is not required for the IEP team to consider OHI. *Explain or reference data or evidence:*

Yes  No Is the health problem chronic or acute? *If yes, check ALL that apply.*

Chronic (long-standing, continuous over time, or recurring frequently). *Explain or reference data or evidence:*

Acute (severe or intense). *Explain or reference data or evidence:*

Yes  No Does the student’s health problem result in limited strength, vitality, or alertness? *If yes, check ALL that apply.*

Limited strength (inability to perform typical or routine tasks at school). *Explain or reference data or evidence:*

Limited vitality (inability to sustain effort or endure throughout an activity). *Explain or reference data or evidence:*

Limited alertness (inability to manage and maintain attention, to organize or attend, to prioritize environmental stimuli, including a heightened alertness). *Explain or reference data or evidence:*

## SECTION II. EDUCATIONAL PERFORMANCE

Yes  No Is the student’s educational performance in one or more of the following areas adversely affected as a result? *If yes, check ALL that apply. Consider both academic and nonacademic skills and progress.*

Pre-academic or academic achievement

Adaptive behavior

Behavior

Classroom performance

Communication

Motor skills

Social/Emotional Functioning

Vocational skills

Other. *Describe:*

*Explain or reference data or evidence (required):*

## SECTION III. DISABILITY CATEGORY CRITERIA DETERMINATION

Yes  No The documentation of the criteria above demonstrates limited strength, vitality, or alertness, due to chronic or acute health problems which adversely affects the student’s educational performance. The student meets the disability category criteria for ~~under~~ **other health impairment.** A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).