



**ELIGIBILITY CHECKLIST
OTHER HEALTH IMPAIRMENT**
ELG-OHI-001 (Rev. 07-09)

INSTRUCTIONS: This form is provided to assist school district individualized education program (IEP) teams in determining if a student appropriately can be determined to have an impairment under Chapter 115, Wis. Stats., and the eligibility criteria established in PI 11.36, Wis. Admin. Code. The IEP team should complete this form to document determination of eligibility for special education services and keep it on file with the student record.

This form is provided for local use only.

Student Name	Date of Eligibility Determination
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Criteria for impairment in the area of other health impaired can be documented as follows:

All questions must be checked Yes.

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.
 List the primary characteristics observed within the educational environment:

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

Chronic (long-standing, continuous over time, or recurring frequently)
Evidenced by:

Acute (severe or intense)
Evidenced by:

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)
Evidenced by:

Limited vitality (inability to sustain effort or endure throughout an activity)
Evidenced by:

Limited alertness (inability to manage and maintain attention, to organize or attend, to prioritize environmental stimuli, including a heightened alertness)
Evidenced by:

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.*

<input type="checkbox"/> Pre-academic or academic achievement	<input type="checkbox"/> Adaptive behavior
<input type="checkbox"/> Behavior	<input type="checkbox"/> Classroom performance
<input type="checkbox"/> Communication	<input type="checkbox"/> Motor skills
<input type="checkbox"/> Social/Emotional Functioning	<input type="checkbox"/> Vocational skills
<input type="checkbox"/> Other: <i>Describe</i>	

Evidenced by: