

Other Health Impairment Worksheet

Name: _____ School: _____ Meeting Date: _____
Student ID: _____ D.O.B.: _____ Age: _____ Grade: _____

In application of the Virginia Department of Education’s Regulations Governing Special Education Programs for Children with Disabilities in Virginia, this worksheet may assist the eligibility group in applying criteria for students who are being considered for eligibility under the category of Other Health Impairment. A diagnosis included in a report from a medical professional is not sufficient to make an eligibility determination. After consideration of data from multiple sources, review the definition, consider the items below, and note any additional information. Attach this worksheet to the Eligibility Summary Form and include any necessary documentation.

STEP 1.

DEFINITION: "Other Health Impairment" means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment, that is due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, and sickle cell anemia and Tourette syndrome that adversely affects a child’s educational performance.

STEP 2.
 True
 False

There is documentation of an Other Health Impairment. The effect of the Other Health Impairment limits are identified and impacts the students in the area of (check all that apply):

- Strength
- Vitality
- Alertness (including heightened alertness to environmental stimuli, that results in limited alertness with respect to the educational environment)

Indicate chronic or acute health condition:

<input type="checkbox"/> Asthma	<input type="checkbox"/> Attention deficit disorder or attention deficit hyperactivity disorder	
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Heart condition
<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Lead poisoning	<input type="checkbox"/> Leukemia
<input type="checkbox"/> Nephritis	<input type="checkbox"/> Rheumatic fever	<input type="checkbox"/> Sickle cell anemia
<input type="checkbox"/> Tourette syndrome	<input type="checkbox"/> Other (describe):	

List and/or describe:

AND

STEP 3.
 True
 False

There is documentation of an adverse effect on educational performance due to one or more documented characteristics of the Other Health Impairment.

List and/or describe:

AND

STEP 4.
 True
 False

Due to the identified Other Health Impairment, the student needs specially designed instruction.

List and/or describe: