

**Kearsarge Regional School District
114 Cougar Court
New London, NH 03257**

OTHER HEALTH IMPAIRMENT ELIGIBILITY CHECKLIST

Student's Name:	Grade:
Date of Meeting:	DOB:

Other Health Impairment (34 CFR 300.8(c)(9)): 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:

- (a) is due to a chronic or acute health problem such as asthma, attention-deficit/hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette Syndrome, **AND**
- (b) adversely affects a child's educational performance.

ELIGIBILITY QUESTIONS - Answer ALL questions. Do not stop until ALL are answered.

1. The student presents with limited strength, vitality, or alertness, including heightened alertness to environmental stimuli, that results in limited alertness with respects to the educational environment.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

*To be eligible, the answer to Question 1 must be **yes**. Proceed to the next question.*

2. The characteristics identified in Question 1, are due to a chronic or acute health problem, such as asthma, attention-deficit/hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia, nephritis, rheumatic fever, sickle cell anemia, and Tourette Syndrome.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Diagnosis				
Date of Health Evaluation				
Qualified Evaluator				

*To be eligible, the answer to Question 2 must be **yes**. Proceed to the next question.*

3. Is there documentation of an adverse effect on educational performance, due to the characteristics identified in Question 1?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Describe adverse effect:				

To be eligible, the answer to Question 3 must be **yes**. Proceed to the next question.

4. Evaluation confirms that limited English proficiency is NOT a determinant factor in the eligibility decision?		YES		NO

To be eligible, the answer to Question 4 must be **yes**. Proceed to the next question.

5. Evaluation confirms that lack of appropriate instruction in reading and/or math was NOT a determinant factor in the eligibility decision?		YES		NO

To be eligible, the answers to Question 5 must be **yes**. Proceed to the next question.

6. If there is an other health impairment, does the child require specially designed instruction because of that impairment?		YES		NO

To be eligible, the answers to Question 6 must be **yes**. Proceed to Determination.

DETERMINATION: The Team used the above evaluation data to determine:

The student has been determined to have an other health impairment, and is eligible for special education services.		YES		NO
The student has been determined to have an other health impairment, but is <u>not</u> eligible for special education services at this time.		YES		NO
The student <u>does not</u> meet requirements to be identified with an other health impairment, and is <u>not</u> eligible for special education services.		YES		NO

Team Members Signatures:

I am in agreement with the above conclusions:

Name	Title

I am NOT in agreement with the above conclusions. *(Dissenting team members shall submit a separate, written statement).*

Name	Title