

## Team Evaluation Summary Report and Written Prior Notice of Eligibility Determination: Other Health Impairment

Student \_\_\_\_\_ Date of meeting \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ DOB \_\_\_\_\_

**Definition:** 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, sickle cell anemia, Tourette syndrome, and HIV/AIDS, or an acquired brain injury which may result from health problems such as an hypoxic event, encephalitis, meningitis, brain tumor, or stroke, and that adversely affects a student's educational performance.

**All requirements of Rule II.J.9 must be documented below or attached.**

**Medical history from qualified health professional is attached.**

**Assessment Information for Classification:** Indicate evaluation (formal and informal), date, and results for each area assessed.

1. Assessments in all areas of the suspected deficits as determined by the team (mark N/A if team determined as not needed):

- Educational \_\_\_\_\_  
\_\_\_\_\_
- Adaptive \_\_\_\_\_  
\_\_\_\_\_
- Behavioral \_\_\_\_\_  
\_\_\_\_\_
- Physical \_\_\_\_\_  
\_\_\_\_\_
- Other \_\_\_\_\_  
\_\_\_\_\_

2. Information from parents \_\_\_\_\_  
\_\_\_\_\_

- Is a lack of instruction in reading or math the primary factor in determining eligibility?  Yes  No
- Is limited English proficiency the primary factor in determining eligibility?  Yes  No

**Written Prior Notice for Eligibility Determination**

The Procedural Safeguards included with this notice afford you protection. If you have any questions regarding this notice or Procedural Safeguards, contact the principal or the special education teacher at the student's school.

Based on the data from the IEP team summary report, the eligibility team proposes the following action:

- This student has an Other Health Impairment, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and requires special education and related services.
- This student does **not** have an Other Health Impairment, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and does not require special education and related services.

\_\_\_\_\_  
Special Education Teacher Signature                      Date

\_\_\_\_\_  
Signature/Title    Date

\_\_\_\_\_  
Parent/Adult Student Signature    Date

(signature acknowledges receipt of copy)

\_\_\_\_\_  
Signature/Title    Date

\*Note: If parent/adult student signature is missing, then parent/adult student:  Did not attend (document efforts to involve parent/adult student) **OR**  
 Participated via telephone, video conference or other means **AND**  Copy of this document was mailed to parent/adult student on (date)\_\_\_\_\_