

Other Health Impairment
Montcalm Area Intermediate School District – Phone: 989-831-5261
Multidisciplinary Evaluation Team (MET) Recommendation

Student Name _____ MET Report Date _____

Birth Date _____ Grade _____ Attending District _____

PURPOSE

This form will be used by the Multidisciplinary Evaluation Team (MET) to recommend: *(Choose one)*

- Initial eligibility** for special education *(Attach a copy of all supporting data and documentation)*
- Ongoing eligibility** for special education *(Attach a copy of all supporting data and documentation)*

EVALUATION FINDINGS AND DOCUMENTATION

Attached to this MET coversheet are copies of supporting data and documentation sufficient to determine eligibility for special education as a student with an other health impairment:

Required Information

- Ability/achievement level
- Relevant behavior observations
- Educationally relevant medical information
- Information from parents and date(s)

Report Title and Date *(Attach report)*

DIAGNOSTIC ASSURANCE STATEMENTS

The Multidisciplinary Evaluation Team must consider the following assurance statements before making a recommendation regarding this student's eligibility: *(Check all that apply)*

- Due to a chronic or acute health problem, this student manifests limited strength, vitality or alertness to the educational environment that adversely impacts his/her educational performance.
- The suspected disability is not due to the lack of appropriate instruction in reading, including in the essential components of reading instruction, lack of instruction in math, or limited English proficiency.

This student requires special education programs/services. Yes No

PRESENT LEVEL OF ACADEMIC ACHIEVEMENT AND FUNCTIONAL PERFORMANCE

With enough detail to determine a starting point for instruction, describe this student's present level of academic achievement and functional performance, including a description of how the disability affects his/her progress in the general curriculum: *(For preschool age children, describe how the disability affects involvement in age-level activities.)* _____

ELIGIBILITY RECOMMENDATION

The Multidisciplinary Evaluation Team after reviewing all the pertinent information:

- 1) finds all of the diagnostic assurance statements to be true and
- 2) recommends, based on the evaluation findings, that this student be determined eligible for special education programs/services as having a health impairment (R340.1709a).

Primary area of eligibility

Secondary area of eligibility

PARTICIPANT SIGNATURES

As a member of the Multidisciplinary Evaluation Team, my input is included in writing and I agree with the eligibility recommendation: *(Sign and check below)*

	Yes	No
*Physician _____	<input type="checkbox"/>	<input type="checkbox"/>
Special Education Teacher _____	<input type="checkbox"/>	<input type="checkbox"/>
Teacher Consultant _____	<input type="checkbox"/>	<input type="checkbox"/>
Other/Role _____	<input type="checkbox"/>	<input type="checkbox"/>
Other/Role _____	<input type="checkbox"/>	<input type="checkbox"/>
Other/Role _____	<input type="checkbox"/>	<input type="checkbox"/>

EXCLUSIONARY FACTORS WORKSHEET

OHI

Other Health Impairment

Each factor must be ruled out as the PRIMARY FACTOR for the student's inability to progress in the general education curriculum, and for obtained cognitive, achievement, adaptive, and health/behavior scores	Yes	No
1. Lack of appropriate instruction in essential components of reading and math		
Does information obtained during assessment indicate lack of appropriate instruction in reading and math as the determinant factor in this student's inability to progress in the general education curriculum?		
2. Limited English Proficiency		
<ul style="list-style-type: none"> • Is there a language other than English spoken by this student? 		
<ul style="list-style-type: none"> • Is there a language other than English spoken in the student's home? 		
<ul style="list-style-type: none"> • Are there any specific dialect or cultural influences that would affect the student's ability to speak or understand English? 		
3. Cultural Background Differences		
Document all information gathered in assessment that would exclude environmental or cultural disadvantage as the determinant factor for this student's inability to access general education curriculum or perform significantly below normal on measures of cognition, achievement, adaptive behavior, and health/behavior.		
<ul style="list-style-type: none"> • Is there compelling evidence from data gathered and information generated to indicate this student is unable to learn or perform on assessments due to cultural or background difference? 		
4. Socioeconomic Status, or Communication, Sensory or Motor Impairments		
Document all information gathered through assessment that would exclude sensory or motor impairments as a factor for this student's deficient performance on assessment or cognition, achievement, adaptive, and health/behavior functioning.		
<ul style="list-style-type: none"> • Does the assessment data indicate that lack of opportunity to learn due to socioeconomic circumstances is the cause or primary reasons for the student's deficient scores obtained on cognitive, achievement, adaptive, and health/behavior skills measured? 		
If any of the questions in section 1-4 are YES, please document the reason a given exclusionary consideration is not the primary reason for the student's		
5. Impairment Specific Considerations		
<ul style="list-style-type: none"> • Area the student's chronic or acute health problems resulting in limited strength, vitality, or alertness (including heightened alertness) with respect to the educational environment? 		
<ul style="list-style-type: none"> • The student's measured skills are not more appropriately explained under other eligibility criteria? 		

Present Level of Academic Achievement and Functional Performance: