

Student's Name _____

OTHER HEALTH IMPAIRMENT

VI. ELIGIBILITY CRITERIA AND EVALUATION

	JSD Requirements (If an item is NA, please explain)	NA	Non-Compliance	Compliance	Staff Sign-off
JSD1	Intellectual Assessment				
1a	Protocol(s) Complete and in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Comment		Correctable		
1b	Psychological Report in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Comment		Correctable		
JSD2	Academic Assessment				
2a	Protocol(s) Complete and in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Comment		Correctable		
JSD3	Social/Adaptive Behavior Assessment				
3a	School Assessment Complete-Protocol(s) in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Comment		Correctable		
3b	Home Assessment Complete-Protocol(s) in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Comment		Correctable		
JSD4	Behavioral Assessment				
4a	School Assessment Complete-Protocol(s) in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Comment		Correctable		
4b	Home Assessment Complete-Protocol(s) in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Comment		Correctable		
JSD5	Language/Communication Assessment				
5a	Multisource Assessment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Comment		Correctable		
5b	Protocol(s) Complete-Protocol(s) in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Comment		Correctable		
JSD6	Physical/Motor Assessment				
6a	School Assessment Complete-Protocol(s) in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/> Comment		Correctable		
OTHER HEALTH IMPAIRMENT: Evaluation					
OHI.B1	Multiple measures used: Multiple measures (formal and informal) must be used to assess all areas of suspected deficits (e.g., educational, adaptive, behavioral, physical). <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
OHI.B2	Prior medical history: Student's prior medical history from a qualified health or mental health professional must be on record regarding specific syndromes, health concerns, medication, and any information deemed necessary for planning the student's education program. <i>Note: If the eligibility determination occurred in JSD, there may be a "Documentation of Medical History" form in the student's file. If the eligibility team was unable to get prior written consent from a parent/guardian in order to obtain the student's medical history from a qualified health or mental health professional, documentation of all attempts must be available in the student's file, or attached to the "Documentation of Medical History" form. A diagnosis written on a prescription note from a physician is not considered to be prior medical history.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment: <i>Note: The Documentation of Medical History form is available on the JSD Special Education website > Staff Information > Forms > Medical Documentation.</i>		Correctable		
32h	Student Eligible for Special Education Services: Is this student eligible for special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		

COMMENTS:
