

**CRITERIA FOR DISABILITY CATEGORY
OTHER HEALTH IMPAIRMENT**

OHI (6/2021)

_____ **SCHOOL DISTRICT**

Name of Student _____ WISEid _____ LEA's Student ID _____

Date form completed _____

This form is provided to assist individualized education program (IEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under Chapter 115, Wis. Stats., and PI 11.36, Wis. Admin. Code. The IEP team should complete this form to document whether or not the student meets the disability category criteria or continues to meet the criteria during a reevaluation, and attach it to the Evaluation Report, DPI sample form ER-1, that includes additional information to determine special education eligibility.

Other Health Impairment means having limited strength, vitality, or alertness, due to chronic or acute health problems. The term includes but is not limited to a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, diabetes, or acquired injuries to the brain caused by internal occurrences or degenerative conditions, which adversely affects a child's educational performance. [PI 11.36 \(10\) Wis. Admin. Code.](#)

Criteria for disability category of Other Health Impairment may be documented as follows (**all questions must be checked Yes**):

SECTION I. HEALTH CONDITION

Yes No Does the student have a health problem? (Including, but not limited to a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, diabetes, or acquired brain injuries caused by internal occurrences or degenerative conditions.) **NOTE:** A prior diagnosis from a licensed physician is **not** required for the IEP team to consider OHI. *Explain or reference data or evidence:*

Yes No Is the health problem chronic *or* acute? If yes, *check ALL that apply.*

Chronic (long-standing, continuous over time, or recurring frequently). *Explain or reference data or evidence:*

Acute (severe or intense). *Explain or reference data or evidence:*

Yes No Does the student's health problem result in limited strength, vitality, *or* alertness? If yes, *check ALL that apply.*

Limited strength (inability to perform typical or routine tasks at school). *Explain or reference data or evidence:*

Limited vitality (inability to sustain effort or endure throughout an activity). *Explain or reference data or evidence:*

Limited alertness (inability to manage and maintain attention, to organize or attend, to prioritize environmental stimuli, including a heightened alertness). *Explain or reference data or evidence:*

SECTION II. EDUCATIONAL PERFORMANCE

Yes No Is the student's educational performance in *one or more* of the following areas adversely affected as a result? If yes, *check ALL that apply. Consider both academic and nonacademic skills and progress.*

Pre-academic or academic achievement

Adaptive behavior

Behavior

Classroom performance

Communication

Motor skills

Social/Emotional Functioning

Vocational skills

Other. *Describe:*

Explain or reference data or evidence (required):

SECTION III. DISABILITY CATEGORY CRITERIA DETERMINATION

Yes No The documentation of the criteria above demonstrates limited strength, vitality, or alertness, due to chronic or acute health problems which adversely affects the student's educational performance. The student meets the eligibility criteria under the disability category of **Other Health Impairment**.