

COMPLIANCE VERIFICATION FORM

Other Health Impairment

07-2 AAC Criteria

Student's Name _____ Reviewer _____ Date _____

Other Health Impairment – Medical Evaluation Requirements	EVAL		ELIG RPT		N/A	COMMENTS
	YES	NO	YES	NO		
1. Vision Screening P____ F____ Follow-up_____						
Hearing Screening P____ F____ Follow-up_____						
2. Documentation of the health impairment (medical diagnosis/statement).						
3. Performance measures such as developmental scores, group and/or individual intelligence scores, individual and/or group education achievement and/or diagnostic test(s) scores, classroom observation, motor assessments, criterion-referenced tests, curriculum-based assessments, review of child's existing records (i.e., attendance, health).						
4. A statement of how the impairment adversely affects the educational performance of the child.						
For Initial Evaluations Only: The documentation of interventions/accommodations must include, a written description of all interventions/accommodations that have been tried in the regular education classes or the natural environment (for preschool children) but were deemed unsuccessful. Interventions/accommodations may be documented through teacher interview(s) that are specific to the child's disability, health records, anecdotal records, therapy evaluations and intervention strategies.						
Other Health Impairment – ADHD Evaluation Requirements	EVAL		ELIG RPT		N/A	COMMENTS
	YES	NO	YES	NO		
1. Vision Screening P____ F____ Follow-up_____						
Hearing Screening P____ F____ Follow-up_____						
2. A statement of how the impairment adversely affects the educational performance of the child and documentation of performance measures such as individual and/or group intelligence scores, individual and/or group educational achievement and/or diagnostic test(s) scores, classroom observations, criterion-referenced tests, curriculum-based assessments, review of child's existing records, (i.e., attendance, health, discipline).						
3. Administration of the same norm-referenced scale specifically designed to determine the presence of ADD or ADHD by <u>three</u> or more independent raters who have had knowledge of the child for at least six weeks, one of the raters may be the parent or the child. If a self report is used, it must be a version of the same behavior rating scale, ADD or ADHD scale. Scores on two out of three of the same scale must be at least two s.d. above or below the mean (depending on the instrument).						
For Initial Evaluations Only: The documentation of interventions/ accommodations must include, a written description of all interventions/accommodations that have been tried in the regular education class(es)/natural environment (for preschool children) but deemed unsuccessful. Interventions /accommodations may be documented through teacher interview(s) that are specific to the child's ability, classroom observations(s) that are specific to the child's disability, health records, anecdotal records, therapy evaluations and intervention strategies						

The following information must also be included on the eligibility report:

For Initial Evaluation

Prong 1

	Yes	No
Documentation that the child was provided appropriate instruction in regular education settings	<input type="checkbox"/>	<input type="checkbox"/>
Documentation that instruction was delivered by qualified personnel	<input type="checkbox"/>	<input type="checkbox"/>

Prong 2

Data-based documentation of repeated assessments of achievement at reasonable intervals reflecting formal assessment of student progress during instruction	<input type="checkbox"/>	<input type="checkbox"/>
Documentation above was provided to the parent	<input type="checkbox"/>	<input type="checkbox"/>

At Every Reevaluation

Documentation that instruction was delivered by qualified personnel	<input type="checkbox"/>	<input type="checkbox"/>
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