

# COMPREHENSIVE INDIVIDUAL ASSESSMENT

Eligibility Report: Other Health Impaired

---

Student: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Assessment Date: \_\_\_\_\_

PROFESSIONAL EVALUATOR: Licensed physician

Yes  No Based upon my examination, the student appears to have limited strength, vitality, or alertness, due to chronic or acute health problems, such as a heart condition, tuberculosis, rheumatic fever, nephritis, asthma, sickle cell anemia, hemophilia, epilepsy, lead poisoning, leukemia, diabetes, or pregnancy complications, which adversely affects the student's educational performance.

Type of impairment (i.e., diagnosis): \_\_\_\_\_

Severity of impairment (e.g., mild, moderate, severe): \_\_\_\_\_

Functional implications of the impairment for the educational process:

Check () all the appropriate boxes.

- difficulty transferring on and off the bus independently;
- difficulty with mobility and seating within a regular classroom;
- difficulty with self-help skills, (i.e., feeding / dressing / toileting);
- difficulty performing activities in a regular classroom (i.e., cutting, writing, etc.) and may require special adaptations to the regular program, including: \_\_\_\_\_
- difficulty maintaining alertness in the regular classroom;
- taking the following medication \_\_\_\_\_, which is expected to have the following effects on classroom functioning: \_\_\_\_\_
- needs additional rest periods;
- other: \_\_\_\_\_

---

Signature of Licensed Physician

---

Name (Please Print)

---

Address

---

Telephone Number