



**MET ELIGIBILITY RECOMMENDATION – Other Health Impairment (OHI)
Rule 340.1709a**

Student Information		
UIC Code: _____	Date: _____	Grade: _____
Student Name: _____		Birthdate: ____/____/____
Last	First	Middle
Resident Dist: _____	Attending School: _____	Oper. Dist: _____

This eligibility recommendation is a(n): ___ Initial Determination ___ Re-Determination

Attach reports to substantiate the following

Yes	No	Eligibility Requirement
—	—	This student has limited strength, vitality or alertness, including a heightened alertness, to environmental stimuli, which results in a limited alertness with respect to the educational environment which is due to chronic or acute health problems such as: <ul style="list-style-type: none"> <input type="checkbox"/> Asthma. <input type="checkbox"/> Attention deficit disorder. <input type="checkbox"/> Attention deficit hyperactivity disorder. <input type="checkbox"/> Diabetes. <input type="checkbox"/> Epilepsy. <input type="checkbox"/> A heart condition. <input type="checkbox"/> Hemophilia. <input type="checkbox"/> Lead poisoning. <input type="checkbox"/> Leukemia. <input type="checkbox"/> Nephritis. <input type="checkbox"/> Rheumatic fever. <input type="checkbox"/> Sickle cell anemia. <input type="checkbox"/> Other: _____
—	—	The impairment adversely affects the student's educational performance.
—	—	A determination of disability shall be based upon a full and individual evaluation by a multidisciplinary evaluation team, which shall include 1 of the following persons: <ul style="list-style-type: none"> <input type="checkbox"/> an orthopedic surgeon <input type="checkbox"/> an internist <input type="checkbox"/> a neurologist <input type="checkbox"/> a pediatrician <input type="checkbox"/> family or other approved physician as defined in 1978 PA 368, MCL 333.1101 et seq.

UIC Code: _____

Date: _____

Student Name: _____
Last First Middle

Assurance Statements

Tests used in the assessment process were administered in accordance with evaluation procedures outlined in IDEA 300.304 including, but not limited to, the following: assessments were administered by trained personnel using standardized instructions; validated for the specific purpose for which they are used; designed to assess specific areas of educational need, and not merely to provide a single general intelligence quotient; reflective of a person’s aptitude, achievement or whatever other factors the test purports to measure, rather than reflecting the person’s impairments, unless this is what the test is intended to measure; selected and administered so as not to be socially, racially or culturally discriminatory and; in the student’s native language where necessary.

In accordance with IDEA 300.306 eligibility is not primarily due to a lack of instruction in reading, math or limited English proficiency. Procedures for determining eligibility and educational need. (1) In interpreting evaluation data for the purpose of determining if a child is a child with a disability under § 300.8, and the educational needs of the child, each public agency must—(i) Draw upon information from a variety of sources, including aptitude and achievement tests, parent input, and teacher recommendations, as well as information about the child’s physical condition, social or cultural background, and adaptive behavior; and (ii) Ensure that information obtained from all of these sources is documented and carefully considered.

Yes	No	Eligibility Recommendation
___	___	All eligibility requirements have been met
___	___	The impairment necessitates special education or related services, or both

Therefore, we recommend to the IEP team, who will determine eligibility, that

___ based on the data above, the MET team recommends to the IEP team that this student **does meet** eligibility criteria as a student with **an Other Health Impairment Rule 340.1709a**

___ based on the data above, the MET team recommends to the IEP team that this student **does not meet** eligibility criteria as a student with **an Other Health Impairment Rule 340.1709a**

MET MEMBERS: Include name, identify title, and attach a statement of disagreement if necessary

Name	Title
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____