

Date

Dear Dr.

Child's Name and DOB:

We are evaluating the above child for eligibility as a child/student with a disability as defined by the Michigan Administrative Rules for Special Education. The disability we are considering is Other Health Impairment, which is defined by special education regulations as:

“(9) Other health impairment means having limited strength, vitality or alertness, including a heightened alertness to environmental stimuli, that results in limited alertness with respects to the educational environment, which in infants and toddlers is their child's natural routines and activities, that is (i) due to chronic or acute health problems such as asthma, attention deficit disorder or attention deficit hyperactivity disorder, diabetes, epilepsy, a heart condition, hemophilia, lead poisoning, leukemia nephritis, rheumatic fever, and sickle cell anemia; and (ii) adversely affects a child's educational performance.”

A medical diagnosis is a required component of the multiple criteria that must be met to determine eligibility. In addition to the medical diagnosis, the multidisciplinary evaluation team will assess if the health problem has a significant impact on the child's performance.

Your prompt attention to this request to enable the evaluation to be completed within state timelines is appreciated. If you have any questions, please contact me.

Thank you,

Staff Name & Contact Information:

Medical Diagnosis (List):

Check box below if any of the following areas are affected by the medical condition and describe the nature and degree of impact in each area checked.

____Strength_____

____Vitality_____

____Alertness_____

Restrictions if any_____

Physical adaptations, if any: _____

Medication(s) if any_____

Is this a lifelong condition: _____ yes_____no_____uncertain

Physicians name (print):

Physician Signature:

Date:

Please return via fax to: