

**THE SCHOOL DISTRICT OF ESCAMBIA COUNTY**

Exceptional Student Education  
 40 E. Texar Drive, Pensacola, FL 32503  
 Phone (850) 469-5433

**OTHER HEALTH IMPAIRED****ELIGIBILITY REPORT**

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ ECSD Student # \_\_\_\_\_ Meeting Date \_\_\_\_\_

**Consideration of factors impacting learning:** Determine whether level of performance and rate of progress are **PRIMARILY** the result of any of the following. Specify the documentation that supports the group's conclusion for each.

- |                       |                       |                                  |                       |                       |
|-----------------------|-----------------------|----------------------------------|-----------------------|-----------------------|
| Yes                   | No                    |                                  | Yes                   | No                    |
| <input type="radio"/> | <input type="radio"/> | Intellectual Disability          | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | Emotional/Behavioral Disability* | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | Autism Spectrum Disorder         | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> | <input type="radio"/> | Cultural Factors                 | <input type="radio"/> | <input type="radio"/> |
|                       |                       |                                  | FBA date: _____       | PBIP date: _____      |

The student's progress is not primarily the result of any of the exclusionary factors or lack of appropriate instruction. (If no, provide reason in comments and proceed to bold questions under Summary of Eligibility section below)

Comments:

**Summary of eligibility criteria for other health impairment:**

- Yes No The student's impairment adversely affects educational performance in one or more of the following areas:  
  (Check all that apply):
- |                             |                                 |                             |
|-----------------------------|---------------------------------|-----------------------------|
| ___ Basic Reading Skills    | ___ Mathematics Problem Solving | ___ Social/Emotional Skills |
| ___ Reading Fluency Skills  | ___ Math Calculation            | ___ Other _____             |
| ___ Reading Comprehension   | ___ Oral Expression             | _____                       |
| ___ Listening Comprehension | ___ Written Expression          |                             |

- Student does not make adequate progress based on response to scientific, research-based intervention.**
- The student needs interventions that differ significantly in intensity and duration from what can be provide through general education resources alone.**
- An OHI Medical Recommendation Form has been signed by a Florida-licensed physician within the last 12 months.**
- The student demonstrates evidence of eligibility for other health impairment as defined by Florida State Board Rules.**

Eligibility Report completed by: \_\_\_\_\_ Date: \_\_\_\_\_