

SUGGESTED GUIDELINES FOR DETERMINING OHI ELIGIBILITY FOR AD/HD
STUDENTS*

*This form is intended to provide guidelines in determining eligibility for classification of an AD/HD student as Other Health Impaired (OHI). When completed, this form will become part of the student's record.

Student Name: _____ D.O.B. _____

Does the student evidence the qualifications for any other category under N.J.A.C 6A: 14?

(Circle) YES NO

If yes, state category _____

I. Disability Determination

Does the student evidence, to a preponderant extent, all qualifications of "Other Health Impaired" under IDEA:

A. Does the student have a medical assessment (written report) documenting Attention Deficit/Hyperactivity Disorder, i.e. is there evidence of developmentally inappropriate inattention, impulsivity and hyperactivity?

(Circle) YES NO

If yes, list the indicators supporting the AD/HD diagnosis

B. Age of onset: _____

C. Has this been a chronic problem? (Circle) YES NO

If yes, describe indicators since age of onset

II. Determination of Educational Impact

Describe indicators in the school setting since age of onset. Please address each area listed comprehensively.

A. Academic Achievement

1. Report card review (grade to grade) :

2. Parent Feedback:

3. Teacher feedback:

4. Standardized test results (year to year analysis):

5. Disciplinary record (year to year analysis):

6. Past academic performance: (Address each area)
 - Homework
 - Standardized Tests
 - Participation
 - Motivation/Effort
 - Attendance
 - Attitude

- Aptitude
-

B. Peer Interactions

1. Parent Feedback:

2. Teacher feedback:

C. Socialization

1. Parent Feedback

2. Teacher feedback

D. Classroom Performance

Current Performance: (Address each area)

- Homework**
- Standardized Tests**
- Participation**
- Motivation/effort**
- Attendance**
- Attitude**
- Aptitude**

E. On Task Behavior

1. Parent Feedback

2. Teacher feedback

F. Academic Delay

1. Parent Feedback:

2. Teacher feedback

III. Additional Considerations:

A. At what age did the educational difficulties begin? _____

B. Is this problem evidenced in multiple settings? (Circle) YES NO

If YES, describe:

C. Have pre-referral interventions been implemented? (Circle) YES NO

If YES, describe the effectiveness of these interventions. If NO, explain why interventions were not implemented.

IV. Determination of Eligibility for Special Education and Related Services

A. This student has a disability as defined by N.J.A.C 6A: 14-3.5. (Circle)
YES NO

B. Does the disability adversely affect the student's educational performance? (Circle)
YES NO

C. Does this student need a special education program and related services? (Circle)
YES NO

If YES, explain:

This information was reviewed by the following:

<u>Signature</u>	<u>Title</u>	<u>Date</u>

Physician: Please attach Medical Report

Physician AD/HD Verification Form

Student Name _____

D.O.B. _____

1. Indicate age of onset _____

2. Indicators supporting AD/HD diagnosis:

3. Indicate all settings where AD/HDS symptoms are evidenced:

Setting:

As reported by:

4. Describe current treatment, include frequency of visits:

Physician's Signature

Date