



Shiawassee

Regional Education Service District

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OTHER HEALTH IMPAIRMENT CERTIFICATION

TO:
FROM:
DATE:

This certification form must be completed in order for a student to receive Special Education Services. Below, find the state guidelines. Please complete the bottom of the form indicating your position.

Thank you for your cooperation.

STATE GUIDELINES: 1978 Public Act 368, Michigan Compiled Law, 333.1101 et seq.

Rule 340.1709a Determination of a student with Other Health Impairment.

Rule 9a: Other health impairment means having limited strength, vitality, or alertness including a heightened alertness to environmental stimuli, which results in limited alertness with respect to the educational environment and to which both of the following provisions apply:

- (1) Is due to chronic or acute health problems such as any of the following:
 - (a) Asthma
 - (b) Attention deficit disorder
 - (c) Attention deficit hyperactivity disorder
 - (d) Diabetes
 - (e) Epilepsy
 - (f) A heart condition
 - (g) Hemophilia
 - (h) Lead poisoning
 - (i) Leukemia
 - (j) Nephritis
 - (k) Rheumatic fever
 - (l) Sickle cell anemia

(2) Determination of disability shall be based upon a full and individual evaluation by a multidisciplinary evaluation team, which shall include one of the following persons:

- (a) An orthopedic surgeon.
- (b) An internist.
- (c) A neurologist.
- (d) A pediatrician.
- (e) A family physician or any other approved physician as defined in 1978 Public Act 368, Michigan Compiled Law, 333.1101 et seq.

STUDENT: _____ BIRTHDATE: _____

PARENT/GUARDIAN: _____

CERTIFICATION

A medical examination has been completed on the above named student on (date)_____. The results indicate an Other Health Impairment which may adversely affect educational performance. I recommend to the IEP Team that the above named student may be eligible for special education services under R340.1709a: 1978 Public Act 368, Michigan Compiled Law, 333.1101 et seq.

_____ I do support this student's eligibility for special education as a student with an Other Health Impairment.
_____ I do not support this student's eligibility for special education as a student with an Other Health Impairment.

Physician's Signature Date

DIAGNOSIS: _____