



Ionia County Intermediate School District

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Robert J. Kjolhede
Superintendent

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Ass't. Supt/Special Education

Medical Opinion

OTHER HEALTH IMPAIRMENT

Student: _____ Birthdate: _____

A comprehensive medical evaluation has been completed on this student.

Diagnosis and/or Comments:

In my opinion, this individual () **Meets**, () **Does not meet the definition of Other Health Impairment.**

Rule 340.1709a "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 the following provisions apply:
a) Is due to chronic or acute health problems.
b) The impairment adversely affects a student's educational performance.

This impairment [] **is considered** [] **is not considered** to be a permanent disability that will continue to impact this person's life.

Type(s) of Health Impairment:

Any other information on this student which would be helpful (e.g., medications, limitations, etc.):

Signature

Date

() **Orthopedic Surgeon** () **Internist** () **Neurologist** () **Pediatrician** () **Family Physician**

Rev: 1-7-11

MISSION STATEMENT:

Ionia County Intermediate School District will cooperate and provide services and leadership as a partner with its local districts, public and private agencies, other ISD's, the department of Education and higher education, to deliver quality teaching and learning to students and staff.