

OTHER HEALTH IMPAIRED

INFORMATION GATHERING/PLANNING CHECKLIST:

Student: _____

Date of Birth: _____

School: _____

Date: _____

DOES THE STUDENT:	YES	NO	COMMENTS
1. Have diagnosis by a medical doctor as having a chronic health condition? Condition: _____			
2. Receive ongoing medications _____ and/or health procedures _____ for their chronic health condition.			
3. Require accommodations in teaching strategies and curriculum such as: compensation for work completion, curriculum modifications and adaptations.			
4. Require accommodations for organization and independent work skills such as: daily planners, notetakers, modified assignments or tests.			
5. Require adjustments of the school environment or schedule due to a health condition such as: rest needed following a seizure, limitation for physical activity, periodic breaks for endurance, part-time schedule, homebound instruction, building modifications for access, additional time allotted for passing between classes.			
6. Require accommodations utilizing behavioral management techniques such as: self monitoring tools, peer tutors, reinforcement programs, medication compliance, etc.			
7. Require development of self-advocacy skills and independence related to their health condition and self care.			
8. Require accommodations in areas of gross and/or fine motor skills such as: ambulation, writing, self care, daily living skills, etc.			
9. Require accommodations for major safety considerations such as: special transportation, emergency plan, additional supervision and health monitoring.			

Person Referring: _____

Title: _____