



Exceptional Student Education

Multidisciplinary Team Report for Students with Other Health Impairments

Student Name: _____ Date: _____

Other ID: _____ School: _____ Grade: _____

Date of Birth: _____ Sex: _____ Race: _____ Primary Language at Home: _____

Parent/Guardian Name: _____ Home Phone: _____

Parent/Guardian Address: _____

Yes No There is a report of a medical examination, within the previous 12-month period, from a physician licensed in Florida in accordance with Chapter 458 or Chapter 459, F.S., unless a report of medical examination from a physician licensed in another state is determined by the school district to be permitted in accordance with Rule 6A-6.0331(3)(c), F.A.C. The physician’s report must provide a description of the impairment and any medical implication for instruction.

Diagnosis(es): _____

Date of Last Exam: _____

Yes No An educational evaluation has been conducted that identifies educational and environment needs of the student.

Yes No There is evidence of a health impairment that results in reduced efficiency in schoolwork and adversely affects the student’s performance in the educational environment.

Tier 3 Intervention date reviewed as evidence:

a. Academic: _____

b. Behavior: _____

c. Other: _____

Yes No The student demonstrates a need for special education.

Yes No Based on the analysis of data, the student meets eligibility and placement criteria for Other Health Impairments. (All above areas must be marked “Yes” to make this recommendation)

Group member signatures: Each of the following certifies their agreement with the determination of eligibility and assurance that this determination was made in accordance with subsection (6) of Rule 6A-6.0331 and Rule 6A-6.03018.

Any group member not in agreement must submit a separate statement presenting the member’s conclusion.

Parent/Guardian

Parent/Guardian

ESE Director/Designee

School Psychologist

General Education Teacher

ESE Teacher

Speech-Language Pathologist

Other: Name/Position

Other: Name/Position