

Student Name: _____

DOB: _____

HART COUNTY SCHOOLS

Date of Evaluation: _____ 06/2016

OHI Scoring Rubric/Guide – Medical Condition

| | Non-disabling Impact (1 point each) | Mildly Disabling Impact (1 point each) | Moderately Disabling Impact (1 point each) | Severely Disabling Impact (1 point each) |
|---|--|--|---|--|
| Parent Rating: Adaptive Skills | T-scores >40 T-scores >40 | T-scores 36-39 T-scores 36-39 | T-scores 31-35 T-scores 31-35 | T-scores ≤30 T-scores ≤30 |
| Teacher Rating: Adaptive Skills | -No Interventions- No formal documentation of interventions implemented | -Minimal Interventions- School-wide and classroom discipline implemented with minimal success | -Moderate Interventions- Targeted interventions 3+ months with minimal to no success | -Intensive Interventions- Targeted interventions 6+ months with minimal to no success |
| Level of Intervention | | | | |
| Observations | No concerns observed | Mild concerns observed | Moderate concerns observed | Significant concerns observed |
| Cognitive Assessment (FSIQ/GAI) | > Average | Low Average | Borderline/Well Below Avg | Deficient/Significantly Below Avg |
| Cognitive Assessment | NO | NO | YES | YES |
| Use of GAI recommended? | | | | |
| Standardized Academic Assessment | Reading-Avg+ Writing-Avg+ Math-Avg+ | Reading-Low Average Writing-Low Average Math-Low Average | Reading-Borderline Writing-Borderline Math-Borderline | Reading-Deficient Writing-Deficient Math-Deficient |
| Grades | A-B/Meets Expectations | C/Progressing | D/Needs Improvement | F/Needs Improvement |
| Classroom Performance | Completes work daily | Completes work most days | Rarely completes work | Does not complete work |
| Educational History | No prior mention of concerns | Concerns emerged current school year | Concerns persisted 1- to 2-years | Concerns persisted > 2 years |
| History of Retention | No retentions | No retentions | Retained | Retained |
| KPREP Scores | Distinguished | Proficient | Apprentice | Novice |
| STAR Math | At or above grade level | At or slightly below grade level | >1 grade level below | >2 grade levels below |
| STAR Reading/Early Literacy | At or above grade level | At or slightly below grade level | >1 grade level below | >2 grade levels below |
| GRADE | Green | Watch | Intervention Needed | Red |
| GMADE | Green | Watch | Intervention Needed | Red |
| Physician Medical Statement | | | | |
| Reporting Diagnosis (*see below) | NO | NO | YES | YES |
| Teacher Recommendation/Concern | NO OVERALL CONCERN | MILD CONCERN OVERALL | MODERATE CONCERN OVERALL | SIGNIFICANT CONCERN OVERALL |
| Parent Recommendation/Concern | NO OVERALL CONCERN | MILD CONCERN OVERALL | MODERATE CONCERN OVERALL | SIGNIFICANT CONCERN OVERALL |
| TOTAL COLUMN POINTS: | | | | |

*DX: _____