

Eligibility Worksheet - Orthopedic Impairment

ELIGIBILITY WORKSHEET - ORTHOPEDIC IMPAIRMENT

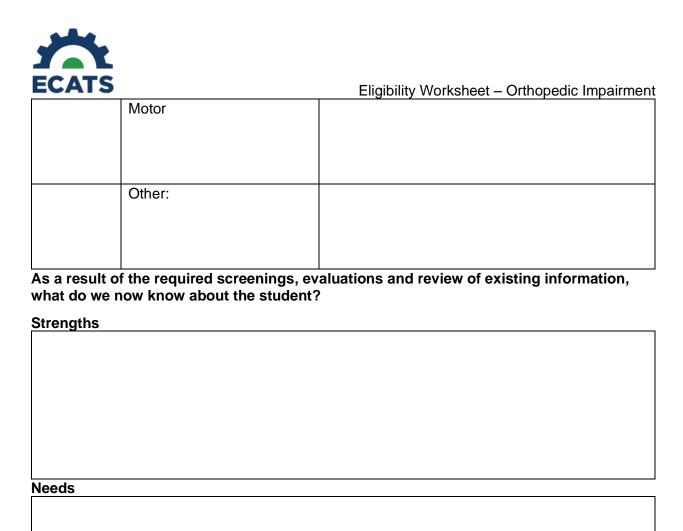
Student:	Student UID#:	DOB:
School:	Grade:	Age:

The required screenings and formal evaluations required to determine eligibility are as follows:

Date	Evaluation/Screening	Summary of Eva	luation	s/Screening
	Hearing	Pass Fail	dB	Hz
		Comment:		
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	Vision	Pass Fail	Far: Near:	R 20/ L 20/ R 20/ L 20/
		Comment:		
	Social/Developmental History			
	Parent Conferences			
	Observations of Academic/Functional Skills across settings			
	Educational			
	Medical			

C: EC File, Parent/Guardian

Student UID#:



To be determined eligible in the disability category of Orthopedic Impairment, a child must demonstrate both of the characteristics listed below:

Characteristic	Documentation/Summary
A severe physical impairment caused by congenital abnormalities, disease, or other causes	

Student	UID#:	



C: EC File, Parent/Guardian

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Student UID#: _____

What is the adverse effect on educational performance?
What evidence exists that the student requires specially designed instruction?
After completing the Eligibility Worksheet, the IEP Team must determine eligibility. (Complete the Eligibility Report)