



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 Evaluations/Screening
	Hearing	<input type="checkbox"/> Pass <input type="checkbox"/> Fail _____dB _____Hz Comment: _____
	Vision	<input type="checkbox"/> Pass <input type="checkbox"/> Fail Far: R 20/___ L 20/___ Near: R 20/___ L 20/___ Comment: _____
	Social/Developmental History	
	Parent Conferences	
	Observations of Academic/Functional Skills across settings	
	Educational	
	Medical	



	Motor	
	Other:	

As a result of the required screenings, evaluations and review of existing information, what do we now know about the student?

Strengths

Needs

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	



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)