

Student's Name _____

MULTIPLE DISABILITY

VI. ELIGIBILITY CRITERIA AND EVALUATION

	JSD Requirements	NA	Non-Compliance	Compliance	Staff Sign-off
JSD1	Intellectual Assessment				
1a	Protocol(s) Complete and in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
1b	Psychological Report in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
JSD2	Academic Assessment				
2a	Protocol(s) Complete and in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
JSD3	Adaptive Behavior Assessment				
3a	School Assessment Complete-Protocol(s) in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
3b	Home Assessment Complete-Protocol(s) in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
JSD4	Motor/Sensory Assessment				
4a	Assessment Complete-Protocol(s) in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
JSD5	Language/Communication Assessment				
5a	Multisource Assessment <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
5b	Protocol(s) Complete and in file <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
MULTIPLE DISABILITIES: Eligibility Criteria					
MD.A1	Student has concomitant impairments: The student has concomitant impairments , the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. The multiple disabilities category does not include deafblindness. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
MULTIPLE DISABILITIES: Evaluation					
MD.B1	Multiple measures used: Multiple measures (formal and informal) must be used. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:		Correctable		
MD.B2	Cognitive ability is assessed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:		Correctable		
MD.B3	Use of augmentative communication documented: The use of assisted and augmentative communication systems must be considered during the evaluation and documented. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:		Correctable		
MD.B4	Prior medical history documented: The student's prior medical history , from a qualified health professional, must be on record if specific syndromes, special health problem, (e.g., tracheotomy), medication, and long-term medical prognosis are a concern for the individual. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA, not applicable <input type="checkbox"/> Comments:		Correctable		
MD.B6	Adaptive behavior assessments when needed: Where deficits in adaptive behavior are suspected, they must be measured and documented on standardized and/or curriculum-based assessments with input from parents and school staff. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:		Correctable		
MD.B7	Vision and hearing assessed: Vision and hearing must be assessed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comments:		Correctable		
32h	Student Eligible for Special Education Services: Is this student eligible for special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		

COMMENTS:
