

Student's Name _____

ORTHOPEDIC IMPAIRMENT

VI. ELIGIBILITY CRITERIA AND EVALUATION

JSD Requirements			NA	Non-Compliance	Compliance	Staff Sign-off
JSD1	Intellectual Assessment					
1a	Protocol 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	Social/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	Behavioral Assessment					
4a	School Assessment Complete-Protocol(s) in file	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
4b	Home 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		
ORTHOPEDIC IMPAIRMENT: Evaluation						
OI.B1	Multiple measures used: Multiple measures (formal and informal) must be used to assess all areas of the suspected deficits (e.g., educational adaptive, behavioral, physical). <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:			Correctable		
OI.B2	Prior medical history: Student's prior medical history from a qualified health professional, must be on record regarding specific syndromes, health concerns, medication, and any information deemed necessary for planning the student's educational program. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:			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:
