

Multiple Disabilities

Assessment Documentation

School District _____
 Student _____

School _____
 Date of Birth ___/___/___

Grade _____
 Age _____

1. Definition		
<ul style="list-style-type: none"> ▪ concomitant impairments, the combination of which causes such severe educational needs that they cannot be accommodated by addressing only one of the impairments 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ the term does not include Deaf-Blindness 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Evaluation Procedures		
<ul style="list-style-type: none"> ▪ evaluation procedures were followed and documented for two (2) or more disabilities 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ determination of eligibility was based on the definition and standards for two (2) or more disabilities 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ○ assessment documentation is attached for each disability 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ the nature of the combination of student's disabilities require significant developmental and educational programming that cannot be accommodated with special education services by addressing <u>any one</u> of the identified disabilities 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ▪ documentation (observation and/or assessment) of how Multiple Disabilities adversely impacts educational performance 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature of Assessment Team Member	Role	____/____/____ Date
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