

Orthopedic Impairment

Assessment Documentation

School District _____

School _____

Grade _____

Student _____

Date of Birth ___/___/___

Age _____

1. Definition		
<ul style="list-style-type: none"> Orthopedic Impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes, but is not limited to, impairments caused by congenital anomaly (e.g., club foot, absence of some member), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures). 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Evaluation Procedures		
<ul style="list-style-type: none"> medical evaluation of child's Orthopedic Impairment by licensed physician 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> name of physician: _____ date of report: _____ 		
<ul style="list-style-type: none"> individually administered motor evaluation to address mobility and activities of daily living 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> adaptive measure 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> educational evaluation (may include individual and/or group educational achievement, classroom observations, criterion-referenced tests, curriculum-based assessments, review of child's existing records, attendance, health) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> documentation (observation and/or assessment) of how Orthopedic Impairment adversely impacts the child's educational performance in his/her learning environment 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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