Orthopedic Impairment Assessment Documentation

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<thead>
<tr>
<th>School District</th>
<th>School</th>
<th>Grade</th>
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<tbody>
<tr>
<td>Student</td>
<td>Date of Birth</td>
<td>Age</td>
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1. **Definition**
   - 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).

2. **Evaluation Procedures**
   - Medical evaluation of child's Orthopedic Impairment by licensed physician
     - Yes ❑ ❑ No
   - Name of physician: __________________________
   - Date of report: __________________________
   - Individually administered motor evaluation to address mobility and activities of daily living
     - Yes ❑ ❑ No
   - Adaptive measure
     - Yes ❑ ❑ No
   - 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)
     - Yes ❑ ❑ No
   - Documentation (observation and/or assessment) of how Orthopedic Impairment adversely impacts the child's educational performance in his/her learning environment
     - Yes ❑ ❑ No

____________________________________________ |
Signature of Assessment Team Member | Role | Date |   |
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