TN Department of Education

Orthopedic Impairment Evaluation Guidance

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Introduction

This document is intended to provide school teams guidance when planning for student needs, considering referrals for evaluations, and completing evaluations/re-evaluations for educational disabilities. Disability definitions and required evaluation procedures and can be found individually on the Tennessee Department of Education website (here).[1]

Every educational disability has a state definition, found in the TN Board of Education Rules and Regulations Chapter 0520-01-09,[2] and a federal definition included in the Individuals with Disabilities Education Act (IDEA). While states are allowed to further operationally define and establish criteria for disability categories, states are responsible to meet the needs of students based on IDEA's definition. Both definitions are provided for comparison and to ensure teams are aware of federal regulations.

The student must be evaluated in accordance with IDEA Part B regulations, and such an evaluation must consider the student's individual needs, must be conducted by a multidisciplinary team with at least one teacher or other specialist with knowledge in the area of suspected disability, and must not rely upon a single procedure as the sole criterion for determining the existence of a disability. Both nonacademic and academic interests must comprise a multidisciplinary team determination, and while Tennessee criteria is used, the team possess the ultimate authority to make determinations.[3]

IDEA Orthopedic Impairment Definition

Per 34 C.F.R. §300.8(c)(8) orthopedic Impairment means *"a severe orthopedic impairment that adversely affects a child's educational performance. The term includes impairments caused by a congenital anomaly, 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).*"

Section I: Tennessee Definition

Tennessee Definition of Orthopedic Impairment

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

[1] https://www.tn.gov/education/student-support/special-education/special-education-evaluation-eligibility.html

[2] https://publications.tnsosfiles.com/rules/0520/0520-01/0520-01-09.20171109.pdf

[3] Office of Special Education Programming Letter to Pawlisch, 24 IDELR 959

(e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g., cerebral palsy, amputations, and fractures or burns that cause contractures).

What does this mean?

An orthopedic impairment is a physical disability involving the skeletal and/or muscular system that prevents or hinders a child to effectively use his/her own body. There are diverse reasons a student may demonstrate an orthopedic impairment including diseases, disorders, congenital anomaly (differences present at birth), and injury. A medical diagnosis of an impairment, while important for school team consideration, is not sufficient to meet criteria for special education and related services. While many students may have a medically-documented physical impairment, a child's condition must also adversely affect educational performance. The examples provided here or in the definition are not inclusive of all of the impairments, diseases and disorders which can be classified under orthopedic impairments, thus the addition of the phrase, "but is not limited to," in the Tennessee orthopedic impairment definition. The American Academy of Special Education Professionals (AASEP) provides resources on different types of orthopedic impairments.[4]

Project IDEAL outlines types of orthopedic impairments that may be acquired or congenital:[5]

- neuromotor impairments: an abnormality of, or damage to the brain, spinal cord, or nervous system that sends impulses to the muscles of the body (e.g., cerebral palsy, spina bifida, spinal cord injury);
- degenerative diseases: diseases that affect motor movement or development and typically get worse over time: (e.g., muscular dystrophy, spinal muscular atrophy, poliomyelitis, bone tuberculosis); and
- musculoskeletal disorders: defects and diseases of the muscles or bones (e.g., limb deficiencies, amputations, clubfoot, arthrogryposis, fractures, or burns that cause contractures, rheumatoid arthritis, osteogenesis imperfecta).

Assessing the severity and educational impact of an orthopedic impairment is largely determined by the unique individual needs of the child and is not solely based on a diagnosis. In fact, individuals with the same diagnosis may demonstrate different functional limitations and ways in which the condition impacts specific child's educational experience.

[4] http://aasep.org/professional-resources/exceptionalstudents/orthopedicimpairment/

[5] Project IDEAL was developed by the Texas Council for Developmental Disabilities. It is important to remember that each state may define educational definitions somewhat differently, but all are required to meet IDEA regulations. Information was retrieved from: http://www.projectidealonline.org/v/orthopedic-impairments/

Adversely Affects a Child's Educational Performance

One of the key factors in determining whether a student demonstrates an **educational** disability under IDEA and state special education rules, is that the defined characteristics of the disability adversely affect a child's education performance. The impact of those characteristics must indicate that s/he **needs** the support of specially designed instruction or services beyond accommodations and interventions of the regular environment. When considering how to determine this, teams should consider if the student requires specially designed instruction in order to benefit from his/her education program based on identified deficits that could impact a student's performance such as the inability to communicate effectively, significantly below average academic achievement, the inability to independently navigate a school building, or the inability to take care of self-care needs without support. Therefore, how disability characteristics may adversely impact educational performance applies broadly to educational performance, and teams should consider both quantity and quality of impact in any/all related areas (e.g., academic, emotional, communication, social, etc.).

Section II: Pre-referral and Referral Considerations

The Special Education Framework provides general information related to pre-referral considerations and multi-tiered interventions in component 2.2. It is the responsibility of school districts to seek ways to meet the unique educational needs of all children within the general education program prior to referring a child to special education. By developing a systematic model within general education, districts can provide preventative, supplementary differentiated instruction and supports to students who are having trouble reaching benchmarks.

Pre-referral Interventions

Students who have been identified as at risk will receive appropriate interventions in their identified area(s) of deficit. These interventions are determined by school-based teams by considering multiple sources of academic and behavioral data.

One way the Tennessee Department of Education ("department") supports prevention and early intervention is through multi-tiered systems of supports (MTSS). The MTSS framework is a problem-solving system for providing students with the instruction, intervention, and supports they need with the understanding there are complex links between students' academic and behavioral, social, and personal needs. The framework provides multiple tiers of interventions with increasing intensity along a continuum. Interventions should be based on the identified needs of the student using evidenced-based practices. Examples of tiered intervention models include Response to Instruction and Intervention (RTI^2), which focuses on academic instruction

and support, and Response to Instruction and Intervention for Behavior (RTI^2-B). Within the RTI^2 Framework and RTI^2-B Framework, academic and behavioral interventions are provided through Tier II and/or Tier III interventions (see MTSS Framework, RTI^2 Manual, and RTI^2-B Manual).

These interventions are *in addition to*, and not in place of, on-grade-level instruction (i.e., Tier I). It is important to recognize that ALL students should be receiving appropriate standards-based differentiation, remediation, and reteaching, as needed in Tier I, and that Tiers II and III are specifically skills-based interventions.

It is important to document data related to the intervention selection, interventions (including the intensity, frequency, and duration of the intervention), progress monitoring, intervention integrity and attendance information, and intervention changes to help teams determine the need for more intensive supports. This also provides teams with information when determining the least restrictive environment needed to meet a student's needs.

Cultural Considerations

Interventions used for EL students must include evidence-based practices for ELs.

Characteristics and Risk Factors of Orthopedic Impairments

Educational staff and parents should pay special attention to any functional limitations that a student with an orthopedic impairment may display in the educational setting. The school team should address presented limitations to prevent adverse impacts when possible. Referrals for additional protections and services may be necessary in order to meet student needs. While not an exhaustive list, the following are possible functional limitations resulting from the orthopedic impairment that can affect school performance:

- motor movement limitations (e.g., prevents access to/participation in the school environment due to difficulty manipulating standard classroom equipment or performing typical classroom routines, raises concerns with emergency preparedness/safety)
- restricted communication (e.g., dyspraxia, apraxia, expressive/receptive communication deficits which impact the ability to gain new information or effectively participate in classroom activities)
- fatigue and endurance limitations (e.g., side effects of seizure and other medications or fatigue due to increased effort to move which decreases attention and ability for learning)
- health factors (e.g., chronic pain, feeling ill, absenteeism)

- experiential deficits (e.g., physical disability creates a lack of experience and exploration which can negatively affect comprehension and may result in lower achievement or depressed cognitive scores)
- neurocognitive impairments (e.g., students with spina bifida have a predisposition for distractibility, disorganization, visual-motor deficits, fine motor dysfunction, restlessness, visual abnormalities, and language impairments)

A child may experience psychosocial and motivational challenges as a result of adjusting to his/her condition. Examples of psychosocial and environmental factors include:

- motivation
    - internal factors (e.g., self-efficacy or confidence level, learned helplessness, feelings of hopeless)
    - external factors (e.g., how others react to the student, competing priorities)
- self-concept and self-esteem (e.g., reaction to their own disability can lead to feelings of isolation, poor self-esteem, depression)
- social competence (e.g., difficulty relating to others and developing social supports)
- behavioral and emotional functioning (e.g., emotional challenges related to limitations may impact daily functioning and behaviors, developing the ability for self-advocacy)
- learning environment
    - task demands (e.g., specific situations or activities may create problems with participation without accommodations or adaptations)
    - expectations (e.g., stereotypes, negative or limiting assumptions)
    - physical environment (e.g., structure and layout of environment may create inaccessibility issues)

The School Team's Role

A major goal of the school-based pre-referral intervention team is to adequately address students' academic and behavioral needs. The process recognizes many variables affecting learning. Thus, rather than first assuming the difficulty lies within the child, team members and the teacher should consider a variety of variables that may be at the root of the problem, including the curriculum, instructional materials, instructional practices, and teacher perceptions.

When school teams meet to determine intervention needs, there should be an outlined process that includes:[6]

- documentation, using multiple sources of data, of difficulties and/or areas of concern;
- a problem-solving approach to address identified concerns

[6] National Alliance of Black School Educators (2002). *Addressing Over-Representation of African American Students in Special, Education*

- documentation of interventions, accommodations, strategies to improve area(s) of concern;
- intervention progress monitoring and fidelity;
- a team decision-making process for making intervention changes and referral recommendations based on the student's possible need for more intensive services and/or accommodations; and
- examples of pre-referral interventions and accommodations.

Pre-referral Strategies and Considerations for Orthopedic Impairments

Pre-referral interventions and accommodations should be individualized and based on the needs of the student. The school team should begin by identifying challenges the student is experiencing and then problem solve ways to address factors effectively within the general education setting. For most students with orthopedic impairments, accommodations can be implemented which enable the student access to academic instruction. Some common pre-referral interventions and/or general education accommodations include:

- arrange classroom to accommodate space for mobility and access,
- provide preferential seating in classroom and appropriate sized chair or desk,
- consider scheduling classrooms close to minimize distance walked throughout the day,
- allow extra time to get to and from locations in the school,
- allow student to leave early or late from class to avoid crowded hallways,
- assign a buddy for safety and or to carry books, backpack, supplies, etc.,
- extra books in each classroom and/or for home,
- make adaptations (e.g., computer/assistive technology, adaptive PE) to accommodate disability,
- increased time for response,
- schedule rest breaks (as needed),
- allow the use of the elevator (if available and appropriate) to avoid fatigue,
- provide positive support, encourage socialization and inclusion,
- educate classmates and school about the disability in a positive way, and
- may need oral as opposed to written reports or tests.

Referral Information: Documenting Important Pieces of the Puzzle

When considering a referral for an evaluation the team should review all information available to help determine whether the evaluation is warranted and determine the assessment plan. The following data from the general education intervention phase that can be used includes:

1) reported areas of educational performance difficulty,

2) documentation of the problem, medical history, and/or reports documenting impairments; ask the parent about precautions and contraindications associated with assisting the student or for student participation
    a. review medication side effects (if applicable)
    b. weight bearing standard for the student (i.e., student may be under doctor's orders to not put weight through a particular leg or arm)
    c. body mechanics needed when lifting/assisting student with transfers (if known)
    d. adaptations for participation
    e. equipment needs and use (e.g., wheelchair, walker, adaptive equipment that the student is currently using, etc.)
    f. special diets or snacks
    g. accommodation needs in times of safety evacuations or responses
    h. toileting protocol
    i. field trip needs
    j. review individualized health plans[7] (if applicable, school based)
3) records or history of significant developmental delays across all learning domains,
4) record of modifications attempted,
5) school attendance and school transfer information,
6) multi-sensory instructional alternatives, and
7) continued lack of progress

TN Assessment Team Instrument Selection Form

In order to determine the most appropriate assessment tools, to provide the best estimate of skill or ability, for screenings and evaluations, the team should complete the TN Assessment Instrument Selection Form (TnAISF) (see Appendix A). The TnAISF provides needed information to ensure the assessments chosen are sensitive to the student's:

- cultural-linguistic differences;
- socio-economic factors; and
- test taking limitations, strengths, and range of abilities.

Section III: Comprehensive Evaluation

When a student is suspected of an educational disability and/or is not making progress with appropriate pre-referral interventions that have increased in intensity based on student progress, s/he may be referred for a psychoeducational evaluation. A referral may be made by the student's teacher, parent, or outside sources at any time.

[7] Individualized health plans provide a plan in the school setting to address health needs (e.g., diagnoses, medications and potential side effects that may require nursing care, administration of medication, response plans for health based needs during school day, and emergency care plans)

Referral information and input from the child's team lead to the identification of specific areas to be included in the evaluation. All areas of suspected disability must be evaluated. In addition to determining the existence of a disability, the evaluation should also focus on the educational needs of the student as they relate to a continuum of services. Comprehensive evaluations shall be performed by a multidisciplinary team using a variety of sources of information that are sensitive to cultural, linguistic, and environmental factors or sensory impairments. The required evaluation participants for evaluations related to suspected disabilities are outlined in the eligibility standards. Once written parental consent is obtained, the school district must conduct all agreed upon components of the evaluation and determine eligibility within sixty (60) calendar days of the district's receipt of parental consent.

Cultural Considerations: Culturally Sensitive Assessment Practices

IEP team members must understand the process of second language acquisition and the characteristics exhibited by EL students at each stage of language development if they are to distinguish between language differences and other impairments. The combination of data obtained from a case history and interview information regarding the student's primary or home language (L1), the development of English language (L2) and ESL instruction, support at home for the development of the first language, language sampling and informal assessment, as well as standardized language proficiency measures should enable the IEP team to make accurate diagnostic judgments. Assessment specialists must also consider these variables in the selection of appropriate assessments. Consideration should be given to the use of an interpreter, nonverbal assessments, and/or assessment in the student's primary language. Only after documenting problematic behaviors in the primary or home language and in English, and eliminating extrinsic variables as causes of these problems, should the possibility of the presence of a disability be considered.

English Learners

To determine whether a student who is an English learner has a disability it is crucial to differentiate a disability from a cultural or language difference. In order to conclude that an English learner has a specific disability, the assessor must rule out the effects of different factors that may simulate language disabilities. One reason English learners are sometimes referred for special education is a deficit in their primary or home language. No matter how proficient a student is in his or her primary or home language, if cognitively challenging native language instruction has not been continued, he or she is likely to demonstrate a regression in primary or home language abilities. According to Rice and Ortiz (1994), students may exhibit a decrease in primary language proficiency through:

- inability to understand and express academic concepts due to the lack of academic instruction in the primary language,
- simplification of complex grammatical constructions,

- replacement of grammatical forms and word meanings in the primary language by those in English, and
- the convergence of separate forms or meanings in the primary language and English.

These language differences may result in a referral to special education because they do not fit the standard for either language, even though they are not the result of a disability. The assessor also must keep in mind that the loss of primary or home language competency negatively affects the student's communicative development in English.

In addition to understanding the second language learning process and the impact that first language competence and proficiency has on the second language, the assessor must be aware of the type of alternative language program that the student is receiving.

The assessor should consider questions such as:

- In what ways has the effectiveness of the English as a second language (ESL) instruction been documented?
- Was instruction delivered by the ESL teacher?
- Did core instruction take place in the general education classroom?
- Is the program meeting the student's language development needs?
- Is there meaningful access to core subject areas in the general education classroom? What are the documented results of the instruction?
- Were the instructional methods and curriculum implemented within a sufficient amount of time to allow changes to occur in the student's skill acquisition or level?

The answers to these questions will help the assessor determine if the language difficulty is due to inadequate language instruction or the presence of a disability.

It is particularly important for a general education teacher and an ESL teacher/specialist to work together in order to meet the linguistic needs of this student group. To ensure ELs are receiving appropriate accommodations in the classroom and for assessment, school personnel should consider the following when making decisions:

- Student characteristics such as:
    - Oral English language proficiency level
    - English language proficiency literacy level
    - Formal education experiences
    - Native language literacy skills
    - Current language of instruction
- Instructional tasks expected of students to demonstrate proficiency in grade-level content in state standards
- Appropriateness of accommodations for particular content areas

*For more specific guidance on English learners and immigrants, refer to the English as a Second Language Program Guide (August 2016).

Best Practices

Evaluations for all disability categories require comprehensive assessment methods that encompass multimodal, multisource, multidomain and multisetting documentation.

- Multimodal: In addition to an extensive review of existing records, teams should gather information from anecdotal records, unstructured or structured interviews, rating scales (more than one; narrow in focus versus broad scales that assess a wide range of potential issues), observations (more than one setting; more than one activity), and work samples/classroom performance products.

- Multisource: Information pertaining to the referral should be obtained from parent(s)/caregiver(s), teachers, community agencies, medical/mental health professionals, and the student. It is important when looking at each measurement of assessment that input is gathered from all invested parties. For example, when obtaining information from interviews and/or rating scales, consider all available sources—parent(s), teachers, and the student—for **each** rating scale/interview.

- Multidomain: Teams should take care to consider all affected domains and provide a strengths-based assessment in each area. Domains to consider include cognitive ability, academic achievement, social relationships, adaptive functioning, response to intervention, and medical/mental health information.

- Multisetting: Observations should occur in a variety of settings that provide an overall description of the student's functioning across environments (classroom, hallway, cafeteria, recess), activities (whole group instruction, special area participation, free movement), and time. Teams should have a 360 degree view of the student.

Evaluation Procedures

A comprehensive evaluation performed by a multidisciplinary team using a variety of sources of information that are sensitive to cultural, linguistic, and environmental factors or sensory impairments to include the following:

(1) Medical evaluation of the child's orthopedic impairment by a licensed medical provider (i.e., licensed medical physician, physician's assistant, or licensed nurse practitioner);

(2) Individually administered motor evaluation to address mobility and activities of daily living (e.g., maintaining and changing position, safety, movement through building, balance, self-care, eating, vocation/transition);

(3) Adaptive measure (e.g., communication, social, self-care, hygiene);

(4) 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); and

(5) Documentation, including observation and/or assessment, of how orthopedic impairment adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).

Evaluation Procedures Guidance

Standard 1: **Medical evaluation of the child's orthopedic impairment by a licensed medical provider (i.e., licensed medical physician, physician's assistant or licensed nurse practitioner)**

The first standard indicates a medical diagnosis of a health condition is required in order to meet the qualifications of orthopedic impairment. Typically, a medical condition is known and the condition is causing an impact on educational performance, which prompts a referral for an evaluation in order to determine eligibility for services. In those cases, the parent should supply medical records or sign a release (see Appendix B for a sample release) in order for the school to obtain records. The records must indicate a diagnosis and recent (i.e., within the past year) medical evaluation documenting health conditions, prognosis, medications, and special procedures/diets or restrictions. A sample medical information form containing all necessary data to be included by the licensed medical provider can be found in Appendix C. However, if a new medical assessment is needed for the current evaluation or if the physician charges for a release of records, school districts must ensure the assessment is at no cost to the student's parents.

A medical statement is a key component of the eligibility process and should include the child's diagnosis (if available), prognosis, treatment recommendations, as well as previous medical and therapeutic interventions. This may assist the assessment team with better understanding how the condition may impact a child's daily functioning. The evaluation report should summarize the medical findings and include the name of the medical provider involved. A copy of the received medical information obtained from the medical provider should be attached to the evaluation report/eligibility report. Medical information should include:

- name of licensed medical provider;
- date of medical documentation (within one calendar year of evaluation);
- diagnosis or statement of health problem (e.g., diagnostic impression), within one calendar year of evaluation (i.e., diagnoses are not limited to those provided in the state-provided definition);

- prognosis and special requirements of care;
- information, as applicable, regarding medications; and
- licensed medical provider's signature (hand-written, electronic or typed by medical provider's professional transcriptionist).

Types of acceptable records include:

- hospital or institutional records obtained directly from hospital or institutional setting via parent/guardian-signed HIPAA release; or
- medical provider's office records obtained directly from office via parent/guardian-signed HIPAA release; or
- state form completed and signed by licensed medical provider; or
- hand-delivered documentation (e.g., parent/legal guardian, state department case worker, legally-appointed guardian ad litem) which includes the licensed medical provider's signature; or
- follow-up medical record/scribed notes with licensed medical provider's signature.

The office of special education and the office of civil rights has clearly indicated that if a medical evaluation is needed in order to obtain a medical diagnosis to determine the presence of a disability, the diagnosis must be provided at no cost to the parents.

Standard 2: **Individually administered motor evaluation to address mobility and activities of daily living (e.g., maintaining and changing position, safety, movement through building, balance, self-care, eating, toileting, clothing management, vocation/transition)**
The occupational and/or physical therapist should complete an individually administered test of motor functioning. In addition to a standardized assessment, observation of the child's motor performance during functional activities within the school environment will be a key component of an appropriate assessment.

Administration of standardized assessments may be challenging due to possible communication, cognitive, and/or motor limitations of the child. In those instances, assessment specialists will need to collaborate on appropriate assessment instruments and adaptations that can be made that will adhere to the standardization of the assessment instrument(s) while providing the team with a true and accurate representation of the child's abilities.

Standard 3: **Adaptive measure (e.g., communication, social, self-care, hygiene)**
This measure can be a formal (i.e., normative, standardized) or informal (i.e., indirect or direct checklist; see Appendix E-H for sample checklists) depending on the referral concerns and individual needs of the student. Classroom teacher input should be solicited through anecdotal report, completion of adaptive checklists or rating forms, as well as indirect and direct observations and should focus on the child's ability to access the curriculum with regard to

functional mobility, gross and fine motor abilities, leisure and/or work skills, and ability to attend to instruction. Feedback as to the inadequacy of previous interventions and/or accommodations as well as information pertaining to the student's assets/strengths are crucial to the evaluation process and most readily solicited from the classroom teacher(s). A school psychologist may be called upon to assist in the completion of appropriate adaptive measures as well as to administer or interpret measures.

Parent input will be vital to gain insight into the child's successes and concerns during routines at home and school which include, but are not limited to, the areas of safety and mobility, leisure activities, and self-care routines. Depending on the age of the student, his/her input can be solicited as to barriers/frustrations resulting from identified motor deficits, priorities for success in the educational environment, as well as recreational and vocational interests.

Standard 4: **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).**
The educational evaluation (i.e., academic skills) can be reviewed in a variety of ways which assessment teams may take into consideration when planning for the evaluation. Some students with orthopedic conditions may demonstrate few academic deficits. A review of records (e.g., grades and how those grades may be modified, summative assessments, criterion-referenced tests, universal screening measures, and other curriculum-based measures) may be sufficient to document academic skills.

Individually administered standardized achievement tests may provide additional information based on referral concerns that might be necessary when determining present levels of academic performance and educational impact. However, it should be noted that the student's impairments may limit performance on standardized achievement assessments. This underperformance is not always due to low skills but may be the result of the child's motor limitations, decreased stamina and energy level, and/or medications impacting cognitive functioning. Therefore, the examiner should indicate whether results appear to be valid estimates of skills based on observation and teacher consultations. The examiner may include a testing of limits to help explore skills further.

The assessment team will complete a file review of the child's educational history. The purpose of the review is to help document factors contributing to areas of concern and whether or not those factors are related to the health condition. The evaluation should contain of summary of this information and indicate if there is a correlation to child's condition.

For instance, all disabilities require that the assessment specialist(s) ensure a student's "lack of learning" is not due to "lack of instruction" (e.g., excessive absences). However, students with

significant health and physical conditions may frequently be absent to address medical concerns which may in turn cause the child to fall behind peers academically. When absences are related to the actual condition it may be an indication of how the student's disability is adversely impacting his/her educational performance. Therefore, the assessment team should review the child's medical and treatment history with consideration for the student's attendance record. The review may help the school team determine a need for services.

In order to gain further understanding of the child's engagement during instruction, study skills, and classroom performance, evaluations should include teacher, parent, and student input when appropriate (e.g., interviews, questionnaires, checklists). These skills should also be addressed as part of the required direct observations.

Standard 5: **Documentation, including observation and/or assessment, of how orthopedic impairment adversely affects the child's educational performance in his/her learning environment and the need for specialized instruction and related services (i.e., to include academic and/or nonacademic areas).**

Documentation of adverse effect(s) in the learning environment is an essential component of determining the appropriate level of service. To ensure a special education level of service is the least restrictive environment, teams should provide extensive documentation of the prevention and intervention efforts, as well as the data indicating that these efforts in the general education setting are not adequate support for a student's needs. Documentation may include how the disability impacts academic performance, access to the general education curriculum, communication, prevocational skills, social skills, and the ability to manage personal daily needs and routines independently.

During the referral process, the team must identify the functional motor limitations and resulting participation restrictions affecting the student in order to develop an appropriate assessment plan. Prior accommodations/modifications will need to be considered to determine any concerns that were not satisfactorily supported in order to guide the eligibility assessment process. The occupational and/or physical therapist will be instrumental in gathering appropriate information from the student, parents, and other team members regarding the child's medical and therapeutic health history as it pertains to his/her diagnosis. This information should include a review of the child's sensory, gastrointestinal, integumentary, cardiovascular/pulmonary, musculoskeletal, and/or neuromuscular systems. In addition, their expertise will be needed to assess the student's functional motor performance as it pertains to his/her ability to participate in meaningful school activities and daily routines with or without assistance

Other school personnel may be appropriate to include on the assessment team, depending on the individual needs of the student as well as the policies and practices of the school district. A

school psychologist or an assistive technology expert or a speech/language professional may also be included based on the specific communication and/or academic needs of the student. The evaluation should answer how this student's disability affects participation in the general education curriculum or, for preschoolers, participation in developmentally appropriate activities.

Orthopedic Impairment Evaluation Participants

Information shall be gathered from the following persons in the evaluation of orthopedic impairment:

(1) The parent;
(2) The child's general education classroom teacher(s);
(3) A licensed special education teacher;
(4) An occupational therapist or physical therapist;
(5) A licensed medical provider (i.e., licensed physician, physician's assistant or licensed nurse practitioner; and
(6) Other professional personnel as indicated (e.g., licensed school psychologist or assistive technology specialist).

Evaluation Participants Guidance

Below are examples of information participants may contribute to the evaluation.

(1) The parent(s) or legal guardian(s):

- Developmental and background history
- Social/behavioral development
- Current concerns
- Other relevant interview information
- Rating scales (e.g., adaptive measures)

(2) The student's general education classroom teacher(s) (e.g., general curriculum/core instruction teacher):

- Observational information
- Rating scales or checklists (e.g., adaptive measures)
- Work samples
- Curriculum based measures/ assessment results
- Criterion-referenced test results (e.g., TCAP, TN Ready, end of course tests, etc.)
- Other relevant quantitative/ qualitative data

(3) The student's special education teacher(s) (e.g., IEP development teacher/case manager):

- Observational information
- Pre-vocational checklists

- Direct assessment (e.g., academic achievement test)
- Transitional checklists/questionnaires/interviews
- Vocational checklists/questionnaires/interviews
- Other relevant quantitative/ qualitative data

(4) An occupational therapist or physical therapist diagnosis (as indicated above in evaluation procedures):

- Individual motor evaluation
- Observations
- Interpretation of evaluation results

(5) A licensed medical provider (i.e., licensed physician, physician's assistant or licensed nurse practitioner:

- Medical evaluation documenting diagnosis(-es), prognosis, implications

(6) Other professional personnel as indicated (e.g., licensed school psychologist or assistive technology specialist):

- Direct assessment
- School record review
- Review of outside providers' input
- Observations in multiple settings with peer comparisons
- Interviews
- Rating scales
- Other relevant quantitative/qualitative data

Components of Evaluation Report

The following are recommended components of an evaluation. The outline is not meant to be exhaustive, but an example guide to use when writing evaluation results.

- Reason for referral
- Current/presenting concerns
- Previous evaluations, findings, recommendations (e.g., school-based & outside providers)
- School history (e.g., attendance, grades, state-wide achievement, disciplinary/conduct info, behavior intervention plans)
- Relevant developmental and background history
- Assessment instruments/procedures (e.g., test names, dates of evaluations, observations, and interviews, consultations with specialists)
- Medical information (e.g., diagnoses, prognoses, past/current medication, past/current treatment approaches, health-care procedures, activity restrictions

- Current assessment and results (e.g., motor evaluation, adaptive behaviors, educational evaluation)
- Tennessee's orthopedic impairment disability definition
- Educational impact statement: Review of factors impacting educational performance such as attendance, classroom engagement, study skills, education history
- Summary
- Recommendations

Section IV: Eligibility Considerations

After completion of the evaluation, the IEP team must meet to review results and determine if the student is eligible for special education services. Eligibility decisions for special education services is two-pronged: (1) the team decides whether the evaluation results indicate the presence of a disability ***and*** (2) the team decides whether the identified disability adversely impacts the student's educational performance such that (s)he requires the most intensive intervention (i.e. special education and related services). The parent is provided a copy of the written evaluation report completed by assessment specialists (e.g., Psychoeducational evaluation, Speech and Language evaluation report, Occupational and/or Physical Therapist report, Vision Specialist Report, etc.). After the team determines eligibility, the parent is provided a copy of the eligibility report and a prior written notice documenting the team's decision(s). If the student has been found eligible as a student with an educational disability, an IEP is developed within thirty (30) calendar days.

Evaluation results enable the team to answer the following questions for eligibility:

- Are both prongs of eligibility met?
    - Prong 1: Do the evaluation results support the presence of an educational disability?
        - The team should consider educational disability definitions and criteria referenced in the disability standards (i.e., evaluation procedures).
        - Are there any other factors that may have influenced the student's performance in the evaluation? A student is not eligible for special education services if it is found that the determinant factor for eligibility is either lack of instruction in reading or math, or limited English proficiency.
    - Prong 2: Is there documentation of how the disability adversely affects the student's educational performance in his/her learning environment?
        - Does the student demonstrate a need for specialized instruction and related services?
- Was the eligibility determination made by an IEP team upon a review of all components of the assessment?

- If there is more than one disability present, what is the most impacting disability that should be listed as the primary disability?

Determination of eligibility is made by the IEP team upon a review of all components of the assessment.

Specific Eligibility Considerations for Orthopedic Impairment

A medical diagnosis of a health condition is not sufficient in and of itself to determine eligibility for special education. An orthopedic impairment is an educational disability and follows federal and state criteria as outlined in this guidance document in order to determine eligibility for services. A comprehensive evaluation, which includes all evaluation standards, must occur and the team must review the results of the evaluation to help make eligibility decisions. Pre-referral interventions are not necessarily required to mitigate concerns prior to referral. Teams should consider whether general education interventions and accommodations would sufficiently meet the student's needs, particularly before determining whether specially designed instruction/related services are needed. Some students with physical disabilities may simply require their teachers to consider universal design for learning (UDL) in the general education setting when finding appropriate teaching methods, materials, or assessment measures. Differentiation of the classroom environment, learning process, and/or learning product to accommodate the student's fine or gross motor deficits must be considered. Section 504 is a federal law that protects individuals with disabilities and provides an alternate way to support a child with a physical condition who does not require special education services but whose condition substantially impacts the student's daily functioning through allowable accommodations. More information about Section 504 can be found at https://www2.ed.gov/about/offices/list/ocr/504faq.html.

Section V: Re-evaluation Considerations

A re-evaluation must be conducted **at least every three years** or earlier if conditions warrant. Re-evaluations may be requested by any member of the IEP team prior to the triennial due date (e.g., when teams suspect a new disability or when considering a change in eligibility for services). This process involves a review of previous assessments, current academic performance, and input from a student's parents, teachers, and related service providers which is to be documented on the Re-evaluation Summary Report (RSR). The documented previous assessments should include any assessment results obtained as part of a comprehensive evaluation for eligibility or any other partial evaluation. Teams will review the RSR during an IEP meeting before deciding on and obtaining consent for re-evaluation needs. Therefore, it is advisable for the IEP team to meet at least 60 calendar days prior to the re-evaluation due date. Depending on the child's needs and progress, re-evaluation may not require the administration

of tests or other formal measures; however, the IEP team must thoroughly review all relevant data when determining each child's evaluation need.

Some of the reasons for requesting early re-evaluations may include:

- concerns, such as lack of progress in the special education program;
- acquisition by an IEP team member of new information or data;
- review and discussion of the student's continuing need for special education (i.e., goals and objectives have been met and the IEP team is considering the student's exit from his/her special education program); or
- new or additional suspected disabilities (i.e., significant health changes, outside evaluation data, changes in performance leading to additional concerns).

The IEP team may decide an evaluation is needed or not needed in order to determine continued eligibility. All components of The RSR must be reviewed prior to determining the most appropriate decision for re-evaluation. Reasons related to evaluating or not evaluating are listed below.

NO evaluation is needed:

- The team determines no additional data and/or assessment is needed. The IEP team decides that the student will continue to be eligible for special education services with his/her currently identified disability/disabilities.
- The team determines no additional data and/or assessment is needed. The IEP team decides that the student will continue to be eligible for special education services in his/her **primary** disability; however, the IEP team determines that the student is no longer identified with his/her secondary disability.
- The team determines no additional data and/or assessment is needed. The student is no longer eligible for special education services.
- (Out of state transfers): The team determines additional data and/or assessment is needed when a student transferred from out of state, because all eligibility requirements did NOT meet current Tennessee state eligibility standards. Therefore, the IEP team decides that the student would be eligible for special education services in Tennessee with their previously out-of-state identified disability/disabilities while a comprehensive evaluation to determine eligibility for Tennessee services is conducted.

Evaluation is needed:

- The team determines no additional data and/or assessment is needed for the student's **primary** disability. The IEP team decides that the student will continue to be eligible for special education services in his/her **primary** disability; however, the IEP team determines that the student may have an additional disability; therefore, an evaluation needs to be completed in the suspected disability classification area to determine if the

student has a secondary and/or additional disability classification. In this case, the student continues to be eligible for special education services with the currently identified primary disability based on the date of the decision. The eligibility should be updated after the completion of the secondary disability evaluation if the team agrees a secondary disability is present (this should not change the primary disability eligibility date).

- The team determines additional data and/or assessment is needed for program planning purposes only. This is a limited evaluation that is specific to address and gather information for goals or services. This evaluation does not include all assessment components utilized when determining an eligibility NOR can an eligibility be determined from information gathered during program planning. If a change in primary eligibility needs to be considered, a comprehensive evaluation should be conducted.
- The team determines an additional evaluation is needed to determine if this student continues to be eligible for special education services with the currently identified disabilities. A comprehensive is necessary anytime a team is considering a change in the primary disability. Eligibility is not determined until the completion of the evaluation; this would be considered a comprehensive evaluation and all assessment requirements for the eligibility classification in consideration must be assessed.

When a student's eligibility is changed following an evaluation, the student's IEP should be reviewed and updated appropriately.

Specific Considerations for Orthopedic Impairment Reevaluations

When a student becomes eligible under the orthopedic impairment category, the following may need to be readdressed when considering whether more information is needed to address how the student's disability is adversely impacting educational disability.

- The student's equipment needs may change over time which may impact access to the educational environment, endurance, mobility, and/or speed.
- The need for assistive technology (AT) should be considered as the child grows. For some conditions, a growth spurt may cause limited flexibility in the hands or fingers (and maybe even contractures) which may warrant an AT evaluation for communication, access, for test taking, etc.
- A young student's seating and positioning plan may be very different as they age and will need to be assessed at re-evaluation. At five years of age, the child may not have needed a seating/positioning system or strategy recommendations, but may require them at a later date.
- Those with degenerative diseases will need to be assessed for maintenance of functional abilities and access, strategies to limit or decrease chronic pain, use of elevators, etc.

- With age and increased weight comes more fatigue and endurance issues, participation restrictions, chronic pain, etc. which all must be taken into consideration on re-evaluation.
- Any new medical information, including current precautions and/or contraindications which may affect school mobility, will need to be considered.
- Academic requirements increase as the child becomes older, so the need for additional accommodations should be considered.

Appendix A: TN Assessment Instrument Selection Form (TnAISF)

This form should be completed for all students screened or referred for a disability evaluation.

Student's Name_____ School_____ Date____/____/_____

The assessment team must consider the strengths and weaknesses of each student, the student's educational history, and the school and home environment. The Tennessee Department of Education (TDOE) does not recommend a single "standard" assessment instrument when conducting evaluations. Instead, members of the assessment team must use all available information about the student, including the factors listed below, in conjunction with professional judgment to determine the most appropriate set of assessment instruments to measure accurately and fairly the student's true ability.

THIS SECTION COMPLETED BY GIFTED ASSESSMENT TEAM

CONSIDERATIONS FOR ASSESSMENT		
LANGUAGE	❑	Dominant, first-acquired language spoken in the home is other than English
	❑	Limited opportunity to acquire depth in English (English not spoken in home, transience due to migrant employment of family, dialectical differences acting as a barrier to learning)
ECONOMIC	❑	Residence in a depressed economic area and/or homeless
	❑	Low family income (qualifies or could qualify for free/reduced lunch)
	❑	Necessary employment or home responsibilities interfere with learning
ACHIEVEMENT	❑	Student peer group devalues academic achievement
	❑	Consistently poor grades with little motivation to succeed
SCHOOL	❑	Irregular attendance (excessive absences during current or most recent grading period)
	❑	Attends low-performing school
	❑	Transience in elementary school (at least 3 moves)
	❑	Limited opportunities for exposure to developmental experiences for which the student may be ready
ENVIRONMENT	❑	Limited experiences outside the home
	❑	Family unable to provide enrichment materials and/or experiences
	❑	Geographic isolation
	❑	No school-related extra-curricular learning activities in student's area of strength/interest
OTHER	❑	Disabling condition which adversely affects testing performance (e.g., language or speech impairment, clinically significant focusing difficulties, motor deficits, vision or auditory deficits/-sensory disability)
	❑	Member of a group that is typically over- or underrepresented in the disability category

OTHER CONSIDERATIONS FOR ASSESSMENT

__ May have problems writing answers due to age, training, language, or fine motor skills
__ May have attention deficits or focusing/concentration problems
__ Student's scores may be impacted by assessment ceiling and basal effects
__ Gifted evaluations: high ability displayed in focused area: _____
__ Performs poorly on timed tests or Is a highly reflective thinker and does not provide quick answers to questions
__ Is extremely shy or introverted when around strangers or classmates
__ Entered kindergarten early or was grade skipped _____ year(s) in _____ grade(s)
__ May have another deficit or disability that interferes with educational performance or assessment

SECTION COMPLETED BY ASSESSMENT PERSONNEL

As is the case with all referrals for intellectual giftedness, assessment instruments should be selected that most accurately measure a student's true ability. However, this is especially true for students who may be significantly impacted by the factors listed above. Determine if the checked items are compelling enough to indicate that this student's abilities may not be accurately measured by traditionally used instruments. Then, record assessment tools and instruments that are appropriate and will be utilized in the assessment of this student.

Assessment Category/Measure:	Assessment Category/Measure:	Assessment Category/Measure:
_____	_____	_____

Appendix: B: Sample Release of Information

Student:_____	School:_____
Date of Birth:_____	Parent/Guardian:_____
Address:_____	Phone: _____

Your child has been referred for an evaluation for special education services. Additional information is needed to assist in determining the need for special education. This information will be confidential and used only by persons directly involved with the student.

For this evaluation, we are requesting information from the indicated contact person/ agency:

Name of contact and/or agency/ practice: _____
Address: _____
Phone Number: _____ Fax number: _____

☐ Medical ☐ Psychological/ Behavioral ☐ Vision/ Hearing ☐ Other:_____

In order to comply with federal law, your written permission is required so that the school system can receive information from the contact/ doctor listed. Please sign on the line below and return to _____ at his school. Thank you for your assistance in gathering this information needed for your child's assessment. If you have any questions regarding this request, please feel free to call (____)_____ for clarification.

☐ I authorize _____ (provider) to disclose protected health information about my child _____ to the _____ school system. The release extends for the period of year or for the following period of time: for _____ to _____.

☐ I do not authorize the above provider to release information about my child to the _____ school system.

_____
Parent/ Guardian Signature

Appendix C: Medical Information Form

☐**AUT** ☐**EMD** ☐**OHI** ☐**OI** ☐**TBI**

PHYSICIAN: *This student is being evaluated by _____ Schools to determine if additional educational services are needed due to a possible medical condition that might significantly impact school performance. We are considering a possible disability as checked above in one of the following disability categories: autism, emotional disturbance, other health impairment, orthopedic impairment, or traumatic brain injury. The Disability Eligibility Standards for each can be reviewed on the web at http://state.tn.us/education/speced/seassessment.shtml#INITIAL. The information below is a necessary part of the evaluation to help the IEP Team determine whether or not the student requires in-class interventions, direct or related services in special education and/or other services in order to progress in the general curriculum.*

Student: _____ **Birth Date:** _____ **School:** _____

Parent/ Guardian: _____ **Address:** _____

Date of Evaluation/Examination: _____

Check below if you have diagnosed the student with any of the following:

☐ **Autism Spectrum Disorder** – Impressions/information that might help rule out or confirm diagnosis

Describe/Specify: _____

☐ **Emotional Disturbance** – Include and physical conditions ruled out as the primary cause of atypical behavior and psychiatric diagnoses

Describe/Specify: _____

☐ **Orthopedic Impairment** – The impairment will primarily impact (please circle): ☐mobility ☐daily living ☐other:_____

Describe/Specify: _____

☐ **Other Health Impairment**: (check all that apply) ☐ADHD-predominately inattentive ☐ ADHD-predominately Impulsive/Hyperactive ☐ ADHD-Combined ☐ Other health condition(s): _____

Special health care procedures, special diet and/or activity restrictions:

_____

☐ **Traumatic Brain Injury –** Specify: _____

The injury causes the following impairment(s) (please check): ☐ physical ☐cognitive ☐psychosocial ☐other:_____

Please Describe:_____

General Health History and Current Functioning: _____

_____

Diagnosis(es)/etiology: _____

Prognosis: _____

Medications: _____

How does this medical or health condition impact school behavior and learning?

_____

Recommendation:_____

Does the student have any other medical condition or disorder that could be causing the educational and/or behavior difficulties? ☐ Yes ☐ No If yes, explain:

_____

_____

Physician's Name Printed:_____

Address:_____

Physician's signature:_____ Date:_____

Appendix D: Sample Developmental History

CONFIDENTIAL PARENT QUESTIONNAIRE

To Be Completed by Parent or Parent Interview

Student Information

Name: _____ Form completed by: _____Date: ___/____/_____
Date of birth: _____ Age: _____

Parents/Legal Guardians *(Check all that apply.)*

With whom does this child live?
❑ Both parents ❑ Mother ❑ Father ❑ Stepmother ❑ Stepfather
❑ Other: _____
Parents'/Legal Guardians' Name(s):
_____
Address: _____
Home phone: _____ Work phone: _____ Cell phone: _____
List names/ages/relationships of people at home: _____
_____
Are there any languages other than English spoken at home? ❑ Yes ❑ No
If yes, what language(s)? _____ By whom? _____ How often? _____

Areas of Concern *(Check all that apply.)*

❑ Behavioral/emotional ❑ Slow development ❑ Listening
❑ Immature language usage ❑ Difficulty understanding language ❑ Health/medical
❑ Slow motor development ❑ Vision problems ❑ Development inconsistent
❑ Speech difficult to understand ❑ Other: _____

Why are you requesting this evaluation? _____
_____
_____
Did anyone suggest that you refer your child? ❑ Yes ❑ No
If yes, name and title: _____
Has a physician, psychologist, speech pathologist or other diagnostic specialist evaluated your child? ❑ Yes ❑ No
Was a diagnosis determined? ❑ Yes ❑ No Please explain:
_____
_____

Preschool History *(Check all that apply.)*

Preschool/daycare programs attended
Name: _____ Address: _____ Dates_____
Name: _____ Address: _____ Dates_____
List any special services that your child has received (e.g., Head Start, TIPS, TEIS, therapy, etc.)
Type of service: _____ Age: _____ Dates: _____ School/agency: _____
Type of service: _____ Age: _____ Dates: _____ School/agency: _____

If your child has attended a preschool or daycare and problems were discussed with you concerning his/her behavior, explain what was tried and if you think it worked.

_____
_____
_____
_____

Developmental History

Pregnancy and Birth

Which pregnancy was this? ❑ 1st ❑ 2nd ❑ 3rd ❑ 4th Other_____ Was it normal? ❑ Yes ❑ No
Explain any complications: _____
Was your child ❑ Full term? ❑ Premature? What was the length of labor? _____
Was the delivery: *Spontaneous?* ❑ Yes ❑ No *Induced?* ❑ Yes ❑ No *Caesarian?* ❑ Yes❑ No
Birth weight _____ Baby's condition at birth (jaundice, breathing problems, etc.):
_____
_____

Motor Development *(List approximate ages)*

Sat alone _____ Crawled _____Stood alone _____
Walked independently _____ Fed self with a spoon _____
Toilet trained _____ Bladder _____ Bowel _____

Medical History

List any significant past or present health problems (e.g., serious injury, high temperature or fever, any twitching or convulsions, allergies, asthma, frequent ear infections, etc.).
_____
_____
List any medications taken on a regular basis.
_____
_____

Speech and Language *(List approximate ages)*

_____ Spoke first words that you could understand (other than *mama* or *dada*)
_____ Used two-word sentences
_____ Spoke in complete sentences
_____ Does your child communicate primarily using speech?
_____ Does your child communicate primarily using gestures?
_____ Is your child's speech difficult for others to understand?
_____ Does your child have difficulty following directions?
_____ Does your child answer questions appropriately?

Social Development

What opportunities does your child have to play with children of his/her age? _____

_____

What play activities does your child enjoy? _____

Does s/he play primarily alone? ❑ Yes ❑ No With other children? ❑ Yes ❑ No

Does s/he enjoy "pretend play"? ❑ Yes ❑ No

Do you have concerns about your child's behavior? ❑ Yes ❑ No If yes, please explain.

_____

_____

How do you discipline your child? _____

_____

_____

Thank you for providing the above developmental information on your child. Please return to _____. If you have any questions, please feel free to contact _____ at _____.

Appendix E: Adaptive Functioning Skills in School (5 to 10-year-old students)

Child's Name: _____ Date: _____

Teacher: _____

Please check any item below if it is of concern (√). Please mark a (+) if this is a strength for your child. Leave blank if it is an average skill.

Communication

___Speaks in full sentences
___Follows instructions involving an object and an action (ex. Go get the apples from the table)
___Listens to a story for five minutes
___Vocabulary seems appropriate for age
___Able to engage in back-and-forth conversation
___Length and content of verbal interactions seem age appropriate
___Asks simple questions
___Written communication skills are age appropriate

Self-Care

___Takes care of personal needs (e.g., toileting and washing hands)
___Ties shoes
___Maintains neat and clean personal appearance

Social Skills

___Uses names of others
___Plays with siblings and/or same-age peers
___Has one or more close friend(s)
___Enjoys the company of other children
___Is not overly dependent on adults
___Shows sympathy for others when they are sad or upset
___Uses words to express own emotions
___Chooses not to say embarrassing things in public

Home/School Living

___Shows respect for others' belongings
___Picks up toys/belongings when asked
___Changes easily from one activity to another
___Keeps track of personal belongings
___Uses acceptable table manners

Community Use

___Demonstrates understanding of the function of money
___States value of coins
___Obeys people in authority
___Understands the function of a clock
___States current day of the week when asked

Self-Direction

___Follows daily routines
___Completes tasks in a reasonable amount of time
___Controls anger when denied his/her own way
___Apologizes when appropriate
___Keeps working on a task even when it is difficult
___Asks for help when needed

Health and Safety

___Respects personal space of others
___Follows safety rules when playing outside
___Shows caution around dangerous activities
___Tells adult when injured or sick

Play and Leisure

___Plays with toys and other objects alone or with others
___Shows interest in the activity of others
___Follows rules in a game without reminders
___Tries a new activity to learn something new
___Invites peers to join activities
___Shares toys and possessions when asked
___Plays cooperatively with others
___Uses things for make-believe activities

Physical Development

___Walks independently
___Picks up small objects with hand
___Kicks a ball
___Runs smoothly with changes in speed and direction
___Walks up and down stairs
___Draws shapes

Functional Academics: The student performs at the following levels.

Reading:
___Has average reading skills (at grade level)
___Is below peers (one to two grade levels below)
___Is somewhat below peers (two to three grade levels below)
___Is significantly below peers (three or more grade levels below)

Math:
___Has average math skills (at grade level)
___Is below peers (one to two grade levels below)
___Is somewhat below peers (two to three grade levels below)
___Is significantly below peers (three or more grade levels below)

Writing:
___Has average writing skills (at grade level)
___Is below peers (one to two grade levels below)
___Is somewhat below peers (two to three grade levels below)
___Is significantly below peers (three or more grade levels below)

Appendix F: Adaptive Functioning at School (11 years and older)

Student Name: _____ Date: _____

Teacher: _____

Please check any item below if it is of concern (√). Please mark a (+) if this is a strength for the student. Leave blank if it is an average skill.

Communication:
___Speaks in full sentences
___Stays on topic in conversations
___Describes a realistic long-range goal and how s/he will accomplish it
___Able to relate a story or event in order
___Vocabulary seems age-appropriate
___Verbal communication skills are age appropriate
___Written communication skills are age appropriate
___Listening comprehension skills are age appropriate

Self-Care:
___Takes care of personal hygiene, including bathing, brushing teeth, combing hair

Social Skills:
___Meets with friends regularly
___Has one or more close friend(s)
___Enjoys the company of other children
___Chooses not to say embarrassing things in public
___Keeps comfortable distance when talking to others

Community Use:
___Tells time accurately
___Uses a calendar

Self-Direction:
___Follows through with tasks
___Able to complete homework independently
___Able to complete school work in class independently
___Keeps working on a task even when difficult
___Asks for help when needed
___Completes tasks in a reasonable amount of time
___Controls anger when denied his/her own way
___Apologizes when appropriate
___Able to organize and plan tasks

Play and Leisure:
___Shows interest in the activity of peers
___Able to join groups
___Plays simple games that require keeping scores
___Participates in extracurricular activity (e.g., sports, church-related, music)

Functional Academics: The student performs at the following levels.

Reading:
___Has average reading skills (at grade level)
___Is below peers (one to two grade levels below)
___Is somewhat below peers (two to three grade levels below)
___Is significantly below peers (three or more grade levels below)

Math:
___Has average math skills (at grade level)
___Is below peers (one to two grade levels below)
___Is somewhat below peers (two to three grade levels below)
___Is significantly below peers (three or more grade levels below)

Writing:
___Has average writing skills (at grade level)
___Is below peers (one to two grade levels below)
___Is somewhat below peers (two to three grade levels below)
___Is significantly below peers (three or more grade levels below)

Appendix G: Adaptive Functioning Skills in the Home (5 to 10-year-old students)

Child's Name: _____ Date: _____

Parent: _____

Please check any item below if it is of concern (√). Please mark a (+) if this is a strength for your child. Leave blank if it is an average skill.

Communication

___Speaks in full sentences
___Follows instructions involving an object and an action (e.g., Go get the apples from the table)
___Listens to a story for five minutes
___Vocabulary seems appropriate for age
___Able to engage in back-and-forth conversation
___Length and content of verbal interactions seem age-appropriate
___Asks simple questions

Self-Care

___Dresses him/herself, including fasteners
___Takes care of personal needs (ex. toileting and washing hands)
___Ties shoes
___Wears appropriate clothing for weather conditions
___Personal appearance is neat and clean
___Buckles own seat belt

Social Skills

___Uses names of others
___Plays with siblings and/or same-age peers
___Has one or more close friend(s)
___Enjoys the company of other children
___Not overly dependent on adults
___Shows sympathy for others when they are sad or upset
___Uses words to express own emotions
___Chooses not to say embarrassing things in public

Home/School Living

___Shows respect for others' belongings
___Picks up toys/belongings when asked
___Changes easily from one activity to another
___Keeps track of personal belongings
___Uses acceptable table manners

Community Use

___Demonstrates understanding of the function of money
___States value of coins
___Obeys people in authority
___Understands the function of a clock
___States current day of the week when asked

Self-Direction

___Follows daily routines
___Completes tasks in a reasonable amount of time
___Controls anger when denied his/her own way
___Apologizes when appropriate
___Keeps working on a task even when it is difficult
___Asks for help when needed

Health and Safety

___Respects personal space of others
___Follows safety rules when playing outside
___Shows caution around dangerous activities
___Tells adult when injured or sick

Play and Leisure

___Plays with toys and other objects alone or with others
___Shows interest in the activity of others
___Follows rules in a game without reminders
___Tries a new activity to learn something new
___Invites peers to join activities
___Shares toys and possessions when asked
___Plays cooperatively with others
___Uses things for make-believe activities

Physical Development

___Walks independently
___Picks up small objects with hand
___Kicks a ball
___Runs smoothly with changes in speed and direction
___Walks up and down stairs
___Draws shapes

Appendix H: Adaptive Skill-Based Checklist for Home (11 years and older)

Student Name: _____ Date: _____

Parent: _____

Please check any item below if it is of concern (√). Please mark a (+) if this is a strength for the student. Leave blank if it is an average skill.

Communication:
___Speaks in full sentences
___Stays on topic in conversations
___Describes a realistic long-range goal and how s/he will accomplish it
___Able to relate a story or event in order
___Vocabulary seems age-appropriate

Self-Care:
___Independently gets out of bed and dressed on time
___Takes care of personal hygiene, including bathing, brushing teeth, combing hair

Daily Living:
___Prepares simple foods
___Helps with simple household chores
___Uses simple appliances (toaster, can opener)
___Uses a microwave
___Able to make his/her bed
___Able to sort, wash, and fold clothes
___Makes phone calls to others

Social Skills:
___Meets with friends regularly
___Has one or more close friend(s)
___Enjoys the company of other children
___Chooses not to say embarrassing things in public
___Keeps comfortable distance when talking to others
___Participates in extracurricular activity (e.g., sports, church-related, music)

Community Use:
___Orders own meal at a restaurant
___Pays for purchases with money
___Carries money safely
___Understands different denomination of bills
___Tells time accurately
___Has a part-time job (e.g., babysitting, mowing lawns)
___Uses a calendar
___Has a driver's license

Self-Direction:
___Follows through with tasks
___Able to complete homework independently
___Keeps working on a task even when difficult
___Asks for help when needed
___Completes tasks in a reasonable amount of time
___Controls anger when denied his/her own way
___Apologizes when appropriate

Health and Safety:
___Respects personal space of others
___Follows safety rules when playing outside
___Shows caution around dangerous activities
___Knows what to do in case of illness or injury
___Takes necessary medication as prescribed

Play and Leisure:
___Shows interest in the activity of peers
___Able to join groups

Appendix I: Assessment Documentation Form

School District_____ School_____ Grade_____
Student_____ Date of Birth___/____/_____ Age___

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).	❑ Yes	❑ No
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

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

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

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