

COMPLIANCE VERIFICATION FORM

Orthopedic Impairment

07-2 AAC Criteria

Student's Name _____ Reviewer _____ Date _____

Orthopedic Impairment Evaluation Requirements	EVAL		ELIG RPT		N/A	COMMENTS
	YES	NO	YES	NO		
	1. Vision Screening P_____ F_____ Follow up_____					
Hearing Screening P_____ F_____ Follow-up_____						
2. Documentation of the orthopedic impairment (medical diagnosis/physician's statement).						
3. Performance measures such as developmental scores, individual and/or group intelligence scores, individual and/or group educational achievement and/or diagnostic test(s) scores, classroom observations, motor assessments, criterion-referenced tests, curriculum-based assessments, review of child's existing records (i.e., attendance, health).						
4. A statement of how the impairment adversely affects the educational performance of the child.						
For Initial Evaluations Only: The documentation of interventions/accommodations must include, a written description of all interventions/accommodations that have been tried in the regular education class(es) or the natural environment (for preschool children) but were deemed unsuccessful. Interventions/accommodations may be documented through teacher interview(s) that are specific to the child's disability, health records, anecdotal records, therapy evaluations, and intervention strategies.						

The following information must also be included on the eligibility report:

For Initial Evaluation

Prong 1

- | | | |
|---|--------------------------|--------------------------|
| Documentation that the child was provided appropriate instruction in regular education settings | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| Documentation that instruction was delivered by qualified personnel | <input type="checkbox"/> | <input type="checkbox"/> |

Prong 2

- | | | |
|---|--------------------------|--------------------------|
| Data-based documentation of repeated assessments of achievement at reasonable intervals reflecting formal assessment of student progress during instruction | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |
| Documentation above was provided to the parent | <input type="checkbox"/> | <input type="checkbox"/> |

At Every Reevaluation

- | | | |
|---|--------------------------|--------------------------|
| Documentation that instruction was delivered by qualified personnel | Yes | No |
| | <input type="checkbox"/> | <input type="checkbox"/> |