

Student Name: _____ DOB: _____

Building: _____ Reviewer Name: _____

Date of Evaluation Report: _____ Eligible: ___ Yes ___ No

___ Evaluation⇒ (Must meet initial criteria)

___ Reevaluation

Based on information in the Evaluation Report and the student file, the student must meet the requirements in 1 and 2 below.

A. Documentation of Physical Impairment

___ There must be documentation of a medically diagnosed physical impairment

List Physical Impairment here _____

B. Evaluation

At least ONE of the following must be documented in the evaluation report.

Functional Skills

___ The student's need for special education instruction and service is supported by a lack of functional level in organizational or independent work skills as verified by a minimum of two or more documented, systematic observations in daily routine settings, one of which is completed by a physical and health disabilities teacher.

Motor Skills

___ The student's need for special education instruction and service is supported by an inability to manage or complete motoric portions of classroom tasks within time constraints as verified by a minimum of two or more documented systematic observations in daily routine settings, one of which is completed by a physical and health disabilities teacher.

Educational Performance

___ The student's physical impairment interferes with educational performance as shown by an achievement deficit of 1.0 standard deviation or more below the mean on an individually administered, nationally normed standardized evaluation of the student's academic achievement.

Achievement Test _____ Standard Deviation _____

Review of Eligibility Determination

To determine compliance with eligibility determination, one of the following **MUST** be checked.

____ The documentation supports the team decision.

____ The documentation does not support the team decision.