

COMPLIANCE VERIFICATION FORM

Multiple Disabilities

07-2 AAC Criteria

Student's Name _____ Reviewer _____ Date _____

	Multiple Disabilities 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. Definition. Multiple Disabilities means concomitant impairments (such as intellectual disability-blindness, or intellectual disability-orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. Multiple disabilities does not include deaf-blindness.						
	3. Criteria. The child must meet all eligibility criteria for two or more areas of disabilities: Disability Area _____ Disability Area _____						
	Attach at least two disability area checklists.						
	Evaluations required. Refer to minimum evaluative components required under each area of disability. Eligibility criteria for the two or more areas of disability must be documented on the eligibility report.						

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

For Initial Evaluation

Prong 1

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

Prong 2

- | | | |
|---|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
| Data-based documentation of repeated assessments of achievement at reasonable intervals reflecting formal assessment of student progress during instruction | <input type="checkbox"/> | <input type="checkbox"/> |
| Documentation above was provided to the parent | <input type="checkbox"/> | <input type="checkbox"/> |

At Every Reevaluation

- | | | |
|---|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> |
| Documentation that instruction was delivered by qualified personnel | <input type="checkbox"/> | <input type="checkbox"/> |