COMPLIANCE VERIFICATION FORM

Orthopedic Impairment

07-2 AAC Criteria

Student's Name	Reviewer	Date						
Orthopedic Impairment		EVAL		ELIG RPT				
Evaluation Requirements		YES	NO	YES	NO	N/A	COMMENTS	
1. Vision Screening P F Follow u Hearing Screening P F Follow-u	-							
2. Documentation of the orthopedic impairm diagnosis/physician's statement).	ent (medical							
3. Performance measures such as developm individual and/or group intelligence scores, ind group educational achievement and/or diag scores, classroom observations, motor assessmen referenced tests, curriculum-based assessmen child's existing records (i.e., attendance, health).	ividual and/or nostic test(s) ents, criterion- ts, review of							
4. A statement of how the impairment adverse educational performance of the child.	ly affects the							
For Initial Evaluations Only: The documentation of interventions/accommo	dations must							
include a written description of all accommodations that have been tried in the reg class(es) or the natural environment (for preschoo were deemed unsuccessful. Interventions/accomm be documented through teacher interview(s) that the child's disability, health records, anecdotal re evaluations, and intervention strategies.	interventions/ ular education l children) but nodations may are specific to							

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		
Documentation that instruction was delivered by qualified personnel		
Prong 2		
Data-based documentation of repeated assessments of achievement at reasonable intervals reflecting formal assessment of student progress during instruction		
Documentation above was provided to the parent		
At Every Reevaluation		
Documentation that instruction was delivered by qualified personnel		