

**Kearsarge Regional School District
114 Cougar Court
New London, NH 03257**

ORTHOPEDIC IMPAIRMENT ELIGIBILITY CHECKLIST

Student's Name:	Grade:
Date of Meeting:	DOB:

Orthopedic Impairment (34 C.F.R 300.8 (c)(8)): Orthopedic impairment is 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*).

ELIGIBILITY QUESTIONS - Answer ALL questions. Do not stop until ALL are answered.

1. The student has a severe orthopedic impairment caused by a congenital anomaly, by a disease, or from other causes.		YES		NO
Evidence:				

*To be eligible, the answer to Question 1 must be **yes**. Proceed to the next question.*

2. Is there documentation of adverse effect on educational performance due to the impairment identified in Question 1?		YES		NO
Description of adverse effect:				

*To be eligible, the answer to Question 2 must be **yes**. Proceed to the next question.*

3. Evaluation confirms that that limited English proficiency was NOT a determinant factor in the eligibility decision?		YES		NO

*To be eligible, the answer to Question 3 must be **yes**. Proceed to the next question.*

4. Evaluation confirms that lack of appropriate instruction in reading and/or math was <u>NOT</u> a determinant factor in the eligibility decision?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

*To be eligible, the answer to Question 4 must be **yes**. Proceed to the next question.*

5. If there is an orthopedic impairment, does the child require specially designed instruction because of that impairment?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

*To be eligible, the answer to Question 5 must be **yes**. Proceed to Determination.*

DETERMINATION: The Team used the above evaluation data to determine:

The student has been determined to have an orthopedic impairment, and is eligible for special education services.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
The student has been determined to have an orthopedic impairment, but is <u>not</u> eligible for special education services at this time.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
The student <u>does not</u> meet requirements to be identified with an orthopedic impairment and is <u>not</u> eligible for special education services.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

I am in agreement with the above conclusions:

Name	Title

I am NOT in agreement with the above conclusions. *(Dissenting team members shall submit a separate, written statement).*

Name	Title