

Disability Worksheet: Orthopedic Impairment

Student Information	
Student: Local ID: State USI: Last Eligibility Meeting Date:	Date of Birth: Grade: Last IEP Annual Review Meeting Date:
LEA/ School Information	
LEA of Enrollment: School/ Site: School Address:	Case Manager: School Phone:

Teams should use the following checklist as a tool to facilitate discussion about the determination of eligibility for orthopedic impairment. Teams are expected to use evidence including evaluation information and other existing data to confirm or deny each criterion in order to make a differential determination of eligibility.

Orthopedic Impairment
<p>State definition: Orthopedic impairment shall mean 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);</p> <p>Federal and state regulations references: 34 CFR §300.8(c)(8); 5-A DCMR §3011.9</p>

Directions: Check the box below if the team has evidence to show that the student meets the following criteria. The student must meet all criteria to be eligible for orthopedic impairment.

Eligibility Criteria	
1.	The student displays a severe orthopedic impairment caused by a congenital anomaly, disease, or other cause as appropriate.
2.	The orthopedic impairment adversely impacts the student’s educational performance. Identify the source of current data used to make a determination regarding this criterion: _____

Decision
The team reviewed all relevant evaluation and other existing data and determined that: _____The student meets all of the criteria for orthopedic impairment. _____The student does not meet all of the required criteria for orthopedic impairment.
Date of Decision: _____