Orthopedic Impairment Worksheet

Name:		School:	Meeting Date:
Student	ID: D.O.B.:	Age	Grade:
Disabilitie eligibility to make ar	n eligibility determination. After considerati d note any additional information. Attach th	eligibility group in applying criteri nt. A diagnosis included in a reportion of data from multiple sources,	a for students who are being considered for rt from a medical professional is not sufficient review the definition, consider the items
STEP 1.		es impairments caused by congeni	nent that adversely affects a child's tal anomaly, impairments caused by disease e.g. cerebral palsy, amputations, and fractures
STEP 2.	There is documentation of an Orthopedic I Congenital anomaly Impairments caused by diseas Impairments from other cause List and/or describe:	e (e.g., poliomyelitis, bone tubercu	ılosis)
		AND	
STEP 3.	There is documentation of an adverse effec Orthopedic Impairment. List and/or describe:	ct on educational performance due	to one or more characteristics of the
		AND	
STEP 4.	Due to the identified Orthopedic Impairme List and/or describe:	ent, the student needs specially des	igned instruction.