

EDUCATIONAL IMPACT

Autism Spectrum Disorder

Student _____
Completed by _____

Grade _____
Date _____

Eligibility for Criterion A, Physically Impaired, requires evidence that the physical, sensory or health impairment is adversely affecting educational performance in the school setting.

Instruments/Techniques Used

- | | |
|--|--|
| <input type="checkbox"/> Observations | <input type="checkbox"/> Parent/teacher interviews |
| <input type="checkbox"/> Medical report/consultation | <input type="checkbox"/> Review of Records |
| <input type="checkbox"/> Other _____ | |

The results of assessment indicate the student exhibits the following characteristics that require modification and/or assistance in the school environment: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Has difficulty playing appropriately with toys or objects | <input type="checkbox"/> Lacks understanding of subtitles or language |
| <input type="checkbox"/> Makes naïve/embarrassing remarks without regard to social norms | <input type="checkbox"/> Exhibits inappropriate laughing or giggling |
| <input type="checkbox"/> Exhibits self-stimulating behaviors | <input type="checkbox"/> Lack of peer relationships |
| <input type="checkbox"/> Exhibits perseverative behaviors | <input type="checkbox"/> Insists on sameness |
| <input type="checkbox"/> Has echolalic speech | <input type="checkbox"/> Is very resistant to change in routine |
| <input type="checkbox"/> Is tactically defensive | <input type="checkbox"/> Has difficulty expressing needs |
| <input type="checkbox"/> Is non-responsive to verbal cues | <input type="checkbox"/> Uses gestures instead of words |
| <input type="checkbox"/> Exhibits extreme distress for no apparent reason | <input type="checkbox"/> Does not maintain a conversation by turn-taking |
| <input type="checkbox"/> Has limited number of interests | <input type="checkbox"/> Tantrums |
| <input type="checkbox"/> Exhibits apparent insensitivity to pain | <input type="checkbox"/> Displays self-injurious behavior |
| <input type="checkbox"/> Does not share enjoyment, interests, or achievements | <input type="checkbox"/> Demonstrates literal language comprehension and use |

Is hypersensitive to _____

Noted special talents _____

Displays unusual reactions related to: ☐ Sound ☐ Smell ☐ Taste ☐ Touch ☐ Visual stimuli

Instructional Implications of the Assessment Findings

The following accommodations should be considered by the CSC. Place an asterisk (*) beside those accommodations that are already in place.

A. Environment:

B. Instruction:

C. Curriculum:

D. Assessment:

E. Safety:

F. Assistive Technology:

G. Other

EDUCATIONAL IMPACT

Hearing Impairment

Student _____
Completed by _____

Grade _____
Date _____

Eligibility for Criterion A, Physically Impaired, requires evidence that the physical, sensory or health impairment is adversely affecting educational performance in the school setting.

Instruments/Techniques Used

- | | |
|--|--|
| <input type="checkbox"/> Observations | <input type="checkbox"/> Parent/teacher interviews |
| <input type="checkbox"/> Medical report/consultation | <input type="checkbox"/> Review of Records |
| <input type="checkbox"/> Functional Hearing Assessment | |
| <input type="checkbox"/> Other _____ | |

1. Audiological information _____

Date of last audiological exam _____

Hearing loss identified: Right ear ☐ Mild ☐ Moderate ☐ Severe ☐ Profound
Left ear ☐ Mild ☐ Moderate ☐ Severe ☐ Profound

2. Equipment currently used (HA or FM) _____

3. Communicates with others using:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Speech | <input type="checkbox"/> Pidgin Sign | <input type="checkbox"/> Audition |
| <input type="checkbox"/> Gestures/Body Language | <input type="checkbox"/> Signs and speech | <input type="checkbox"/> Cued Speech |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Picture cues | |
| <input type="checkbox"/> Lib reading | <input type="checkbox"/> Signed Exact English | |

4. Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Has difficulty hearing teacher/other students in the classroom environment | <input type="checkbox"/> Displays receptive/expressing language delays |
| <input type="checkbox"/> Has difficulty following and/or participating in classroom discussions | <input type="checkbox"/> Has difficulty understanding large group programs/presentations |
| <input type="checkbox"/> Cannot respond to fire alarm | <input type="checkbox"/> Cannot understand information over public address system |
| <input type="checkbox"/> Has difficulty deriving benefit from educational videos | <input type="checkbox"/> Has difficulty with collaborative group activities |

Instructional Implications of the Assessment Findings

The following accommodations should be considered by the CSC. Place an asterisk (*) beside those accommodations that are already in place.

A. Environment:

B. Instruction:

C. Curriculum:

D. Assessment:

E. Safety:

F. Assistive Technology:

G. Other

EDUCATIONAL IMPACT

Other Health Impairment

Student _____
Completed by _____

Grade _____
Date _____

Eligibility for Criterion A, Physically Impaired, requires evidence that the physical, sensory or health impairment is adversely affecting educational performance in the school setting.

Instruments/Techniques Used

- | | |
|--|--|
| <input type="checkbox"/> Observations | <input type="checkbox"/> Parent/teacher interviews |
| <input type="checkbox"/> Medical report/consultation | <input type="checkbox"/> Review of Records |
| <input type="checkbox"/> Other _____ | |

What is the suspected or confirmed medical condition? _____

Characteristics exhibited in educational environment: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Lethargic/fatigues easily | <input type="checkbox"/> Difficulty completing homework/assignments |
| <input type="checkbox"/> Overactive | <input type="checkbox"/> Poor attendance |
| <input type="checkbox"/> Demonstrates staring spells | <input type="checkbox"/> Attends to minute details |
| <input type="checkbox"/> Poor organizational skills | <input type="checkbox"/> Difficulty maintaining self-control |
| <input type="checkbox"/> Difficulty sustaining | <input type="checkbox"/> Difficulty with personal hygiene/toileting |
| <input type="checkbox"/> Poor socialization | <input type="checkbox"/> Impaired cognitive skills |
| <input type="checkbox"/> Difficulty focusing/maintaining attention | <input type="checkbox"/> Lack of endurance |
| <input type="checkbox"/> Poor pragmatic/social language | <input type="checkbox"/> Difficulty with daily living/self-help skills |
| <input type="checkbox"/> Inappropriate talking out | |
| <input type="checkbox"/> Other _____ | |

Instructional Implications of the Assessment Findings

The following accommodations should be considered by the CSC. Place an asterisk (*) beside those accommodations that are already in place.

A. Environment:

B. Instruction:

C. Curriculum:

D. Assessment:

E. Safety:

F. Assistive Technology:

G. Other

EDUCATIONAL IMPACT

Visual Impairment

Student _____
Completed by _____

Grade _____
Date _____

Eligibility for Criterion A, Physically Impaired, requires evidence that the physical, sensory or health impairment is adversely affecting educational performance in the school setting.

Instruments/Techniques Used

- | | |
|---|--|
| <input type="checkbox"/> Observations | <input type="checkbox"/> Parent/teacher interviews |
| <input type="checkbox"/> Medical report/consultation | <input type="checkbox"/> Review of Records |
| <input type="checkbox"/> Functional Vision Assessment | |
| <input type="checkbox"/> Other _____ | |

1. Eye condition _____

Date of last eye exam _____

Visual Acuity:	Distance w/correction	Near w/correction
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Right Eye	_____	_____
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Left Eye	_____	_____
----------	-------	-------

Both Eyes	_____	_____
-----------	-------	-------

Visual Field: ☐ Full ☐ Reduced Describe _____

2. Travel methods currently used/recommended: (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Independent travel | <input type="checkbox"/> Protective arm techniques |
| <input type="checkbox"/> Sighted guide in unfamiliar areas | <input type="checkbox"/> Trailing |
| <input type="checkbox"/> Routine use of sighted guide | <input type="checkbox"/> Assistance in safety evacuations |
| <input type="checkbox"/> Cane | |

3. Recommended Literacy Media:

- | | |
|--|--|
| <input type="checkbox"/> Regular sized print | <input type="checkbox"/> Large print (font size _____) |
| <input type="checkbox"/> Braille | <input type="checkbox"/> Books on tape |

4. Equipment currently used/recommended: (Check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Closed circuit television | <input type="checkbox"/> Monocular |
| <input type="checkbox"/> Computer with speech output | <input type="checkbox"/> Binoculars |
| <input type="checkbox"/> Braille writer | <input type="checkbox"/> Desk lamp |
| <input type="checkbox"/> Bold or raised line paper | <input type="checkbox"/> Dark writing implement |
| <input type="checkbox"/> Computer screen magnifier | <input type="checkbox"/> Sunglasses |
| <input type="checkbox"/> Hand-held magnifier | |

5. Visual functioning: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Uses eccentric viewing | <input type="checkbox"/> Requires extra time to adjust to lighting changes |
| <input type="checkbox"/> Uses close viewing distance for reading | <input type="checkbox"/> Experiences fatigue from extensive reading |
| <input type="checkbox"/> Requires preferential seating | |

Instructional Implications of the Assessment Findings

The following accommodations should be considered by the CSC. Place an asterisk (*) beside those accommodations that are already in place.

A. Environment:

B. Instruction:

C. Curriculum:

D. Assessment:

E. Safety:

F. Assistive Technology:

G: Other

EDUCATIONAL IMPACT

Orthopedic Impairment

Student _____
Completed by _____

Grade _____
Date _____

Eligibility for Criterion A, Physically Impaired, requires evidence that the physical, sensory or health impairment is adversely affecting educational performance in the school setting.

Instruments/Techniques Used

- | | |
|--|--|
| <input type="checkbox"/> Observations | <input type="checkbox"/> Parent/teacher interviews |
| <input type="checkbox"/> Medical report/consultation | <input type="checkbox"/> Review of Records |
| <input type="checkbox"/> Other _____ | |

1. Seating and positioning considerations: (Check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Able to sit in regular chair | <input type="checkbox"/> Often indicates discomfort |
| <input type="checkbox"/> Requires adaptation to regular chair | <input type="checkbox"/> Has difficulty using a desk |
| <input type="checkbox"/> Sits in wheelchair | <input type="checkbox"/> Seating does not appear to provide trunk stability |
| <input type="checkbox"/> Able to use regular desk | <input type="checkbox"/> Difficulty maintaining head control |
| <input type="checkbox"/> Requires adapted table or tray | |
| <input type="checkbox"/> Other _____ | |

2. Mobility: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Walks independently | <input type="checkbox"/> Walks with assistance |
| <input type="checkbox"/> Needs extra time to reach destination | <input type="checkbox"/> Uses wheelchair independently |
| <input type="checkbox"/> Has difficulty with stairs | <input type="checkbox"/> Needs assistance to transfer in and out of wheelchair |
| <input type="checkbox"/> Walks with appliance | <input type="checkbox"/> Transfers independently |
| <input type="checkbox"/> Tires easily when walking | <input type="checkbox"/> Requires assistance carrying books between classes |
| <input type="checkbox"/> Requires extra time for safety evacuation | <input type="checkbox"/> Requires assistance with eating |
| <input type="checkbox"/> Requires physical assistance for safety evacuation | |
| <input type="checkbox"/> Requires assistance with personal hygiene/toileting | |

3. Student is able to participate in Physical Education:

- ☐ In regular PE without modification
- ☐ Unable to participate in regular PE even with modifications
- ☐ In regular PE with the following modification(s) _____
- _____

4. Fine motor considerations: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Difficulty with handwriting | <input type="checkbox"/> Tires easily when writing |
| <input type="checkbox"/> Has illegible handwriting | <input type="checkbox"/> Unable to hold writing instrument |
| <input type="checkbox"/> Cannot copy written work from board | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cannot use standard keyboard | |

Instructional Implications of the Assessment Findings

The following accommodations should be considered by the CSC. Place an asterisk (*) beside those accommodations that are already in place.

A. Environment:

B. Instruction:

C. Curriculum:

D. Assessment:

E. Safety:

F. Assistive Technology:

G. Other