

EVALUATION TEAM RECOMMENDATION

Physical Impairment (PI)

PI

File #:	MET Date:
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Student: _____ D.O.B: _____ Age: _____

District: _____ School: _____

Dom. Language: _____ Grade: _____

PURPOSE

- Initial eligibility, MET recommendation/summary. *(Attach all referenced material)*
- Change of eligibility for special education. *(Attach all referenced material)* Previous Eligibility: _____

EVALUATION FINDINGS AND DOCUMENTATION

The following information and documentation is required to recommend eligibility for special education as a student with a physical impairment:

Required Information:

- Ability/Achievement level
- Classroom performance (Relevant behavior and relationship to achievement)
- Educationally relevant medical information
- Physician statement that medical condition is permanent
- Information from parents

Name and Date of Attached Report/Document

ASSURANCE STATEMENTS

The Evaluation Team must consider the following assurance statements before making a recommendation regarding this student's eligibility:

1. The student manifests a severe orthopedic impairment.
2. Impairment adversely affects student's educational performance.
3. The suspected disability is not due to the lack of appropriate instruction in the essential components of reading or math; or limited English proficiency.
4. The student requires special education programs/services.

RECOMMENDATION OF ELIGIBILITY

The Evaluation Team **1)** finds **all** the assurance statements to be true; **2)** has considered exclusionary factors; and **3)** recommends, based on the evaluation findings, that this student be considered eligible for special education programs/services under the physical impairment rule (R340.1709).

Yes* No

* If recommending eligibility, state present levels of academic achievement and functional performance on the back of this form or attach documentation that addresses this issue.

EVALUATION TEAM SIGNATURES

As a member of the Evaluation Team, I agree with the eligibility recommendation:

Physician* _____ Other/Title _____

Other/Title _____ Other/Title _____

*(Signature on attached report)

This Evaluation Summary **does not** reflect my/our opinion and a separate statement is attached:

Signature/Title _____

EXCLUSIONARY FACTORS WORKSHEET

Physical Impairment

Each factor must be ruled out as the PRIMARY FACTOR for the student's inability to progress in the general education curriculum, and for obtained orthopedic scores.	Yes	No
1. Lack of appropriate instruction in essential components of reading and math		
Does information obtained during assessment indicate lack of appropriate instruction in reading and math as the determinant factor in this student's inability to progress in the general education curriculum?		
2. Limited English Proficiency		
<ul style="list-style-type: none"> • Is there a language other than English spoken by this student? 		
<ul style="list-style-type: none"> • Is there a language other than English spoken by the student's home? 		
<ul style="list-style-type: none"> • Are there any specific dialect or cultural influences that would affect the student's ability to speak or understand English? 		
3. Cultural Background Differences		
<i>Document all information gathered in assessment that would exclude environmental or cultural disadvantage as the determinant factor for this student's inability to access general education curriculum or perform significantly below normal on measures of orthopedic performance.</i>		
<ul style="list-style-type: none"> • Is there compelling evidence from data gathered and information generated to indicate this student is unable to learn or perform on assessments due to cultural or background difference? 		
4. Socioeconomic Status, or Communication, Sensory or Motor Impairments		
<i>Document all information gathered through assessment that would exclude other impairments as a factor for this student's deficient orthopedic performance.</i>		
<ul style="list-style-type: none"> • Does the assessment data indicate that lack of opportunity to learn due to socioeconomic circumstances is the cause or primary reason for the student's deficient scores obtained on orthopedic skills measured? 		
<i>If any of the questions in sections 1-4 are YES, please document the reason a given exclusionary consideration is not the primary reason for the student's deficit cognitive, achievement, adaptive, and/or orthopedic scores:</i>		
5. Impairment Specific Considerations		
<ul style="list-style-type: none"> • The orthopedic impairment adversely affects educational performance, even with appropriate assists? 		
<ul style="list-style-type: none"> • Are the student's measured skills of orthopedic functioning determined by appropriate medical personnel? 		

Present Level of Academic Achievement and Functional Performance: