

Name of Student:

Date:

Disability Determination Orthopedic Impairment

Exclusionary Criteria

The IEP team has **ruled out** the following factors to be the primary basis for the student's learning difficulties:

- Intellectual Behavioral Cultural Linguistic

Inclusionary Criteria

The student must demonstrate **1 or more** of the following:

Yes No

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Physical Limitations. |
| <input type="checkbox"/> | <input type="checkbox"/> | Mobility Impairment. |
| <input type="checkbox"/> | <input type="checkbox"/> | Changing or Degenerating Physical Condition. |

Other Information

- The student meets the Orthopedic Impairment criteria.
 The student does not meet the Orthopedic Impairment criteria.