

Statement of Eligibility

Orthopedic Impairment Category Worksheet

Name of Student:	Grade:	DOB:	Date:
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A. Criteria for Orthopedic Impairment

1. The student has a motor impairment that results in deficits in the quality, speed, or accuracy of movement. These may be related to fine motor, gross motor, and self-help.

OR

2. The student has functional deficits in at least two of the three motor areas; **AND**
3. The student's condition is permanent.

B. Based on above information, the child

- Meets the criteria for the 'Orthopedic Impairment Disability' category.
- Does not meet the criteria for the 'Orthopedic Impairment Disability' category.

C. Participation of Team Members:

Signature of Team Members	Title	Agree	Disagree
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

A copy of the evaluation report and the eligibility statement is given to the parent(s).