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| Selpalogocolor2 | **Teacher of Students with Orthopedic Impairments****Input to Psychoeducational Report and/or Input to IEP Review** |

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| **Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****DOB\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Name of orthopedic impairments credentialed teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Email Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**1. Sources of data Reviewed: (check box, delete, or put “NA”; add any additional sources used)

 Cumulative records Statewide Testing and Reporting results (STAR Parent interview program)  Teacher survey or interview Work samples Other   Existing assessment reports: (within three years list below-if none, delete box)

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|  Date | Type | Assessor |
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 1. **Results of Assessment/Present Levels of Academic Achievement and functional performance:**(address student’s current functioning in any areas that are relevant to the Orthopedic Impairment)
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| * **Fine Motor:**
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| * **Gross Motor/Mobility:**
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| * **Self-Help:**
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| * **Sensory Issues:**
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| * **Social Access to Peers:**
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| * **Environmental Access:**
* **Safety Concerns:**
* **Academic/Curricular Access:**
* **Vocational/Community Access:**
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1. **Recommendations:**

**(Address all that are applicable)**

* + Factors affecting educational performance, including health considerations:
	+ Recommendations to enable student to be involved in and progress in general education curriculum (or for a preschool child, to participate in appropriate activities): (Give general suggestions of areas to be worked on):
	+ Possible special education and related services needed or additions or modifications to current services needed to meet goals and participate in general curriculum/appropriate activities (include basis for determination of need): Teacher of Students with Orthopedic Impairment consultation is available upon Agreement with school district:
	+ Need for specialized services and equipment (required for low incidence):

Email this form to the Assessment Team Lead in the district of service. Copies to be kept in locked file.