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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)   |  |  |  | | --- | --- | --- | | Date | Type | Assessor | |  |  |  | |  |  |  | |  |  |  | |  |  |  |        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) | |
| * **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:** |

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.