

CASE STUDY COMMITTEE REFERRAL

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

Student _____ Grade _____ Previous Retention-Grade(s) _____

Date Prereferral Initiated _____ Referring Individual _____

The referring individual uses this form throughout the prereferral/referral process to summarize the student's area(s) of difficulty and the strategies attempted to resolve the problem(s). Attach any supporting documentation.

Vision Screening: Date _____ Passed Failed

Hearing Screening: Date _____ Passed Failed

Does the student have Limited English Proficiency? Yes No If yes, primary language is

Description of Problem(s)/Area(s) of Difficulty:

Data from Review of Records: Date _____

<u>Date</u>	<u>Classroom Modifications/Strategies Attempted</u>	<u>Results</u>
1.		
2.		
3.		
4.		
5.		

CASE STUDY COMMITTEE REFERRAL

Consultation with other educators including general and special educators/related service providers:

Parent Notification of Referral: (referring person must notify parent of pending referral before submitting referral to CSC)

Date of Contact: _____ Contacted by: Conference Phone Letter

Date of CSC Meeting: _____

Recommendations: Referral accepted More information needed
(comment)

General education alternative (comment) Other (comment)

Comments: _____

Case Manager: _____

MINUTES OF CASE STUDY COMMITTEE MEETING

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

Student _____

Date of Meeting _____

Signatures of Participants' in Attendance at Meeting:

Parent/Guardian

Administrator/Designee

General Education Teacher

Special Education Teacher

Student (as appropriate)

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- Parent(s) is informed of and understands his/her rights and responsibilities.
- Parent(s) provided a copy of his/her rights and responsibilities, as necessary.

Purpose of Meeting: _____

Summary of CSC Discussion and Deliberation:

MINUTES OF CASE STUDY COMMITTEE MEETING ASSESSMENT PLAN

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

Student _____ Date of Meeting _____

Suspected Disability(ies) _____ (initial)

Present Disability(ies) _____ (re-eval)

REQUIRED FOR ALL CRITERIA	<u>Evaluator</u>	<u>Date Completed</u>
Vision Screening ___ Passed ___ Failed	_____	_____
Hearing Screening ___ Passed ___ Failed	_____	_____
Observation	_____	_____
Review of Records	_____	_____
Social/Family/Medical History	_____	_____

CRITERION	Evaluator	Date Completed
E – Developmental Delay Adaptive/Self-Help Development Cognitive Development Communication Development Physical Development Social/Emotional Development	_____ _____ _____ _____ _____	_____ _____ _____ _____ _____
D – Specific Learning Disability Intellectual Screening or Assessment Academic Achievement Processing Assessment	_____ _____ _____	_____ _____ _____
D – Intellectual Disability Intellectual Assessment Adaptive Behavior Assessment Academic Achievement	_____ _____ _____	_____ _____ _____
C – Articulation Disorder Articulation Assessment Oral/Peripheral Examination Educational Performance	_____ _____ _____	_____ _____ _____

CRITERION	Evaluator	Date Completed
C – Language/Phonology Disorder Language Assessment Oral/Peripheral Examination Educational Performance	_____ _____ _____	_____ _____ _____
C – Fluency Fluency Assessment Recorded Speech Samples Oral/Peripheral Examination Educational Performance	_____ _____ _____ _____	_____ _____ _____ _____
C – Voice Disorder Voice Assessment Medical Evaluation (ENT) Oral/Peripheral Examination Educational Performance	_____ _____ _____ _____	_____ _____ _____ _____
B - Emotional Impairment Psychiatric/Clinical Psychologist Evaluation Intellectual Assessment Behavior Rating Assessment/Social Maturity Index Educational Performance	_____ _____ _____ _____	_____ _____ _____ _____
A – Visual Impairment Medical Evaluation of Vision Functional Vision Assessment Educational Impact Analysis Educational Performance	_____ _____ _____ _____	_____ _____ _____ _____
A – Hearing Impairment Medical Evaluation of Hearing Functional Hearing Assessment Educational Impact Analysis Educational Performance	_____ _____ _____ _____	_____ _____ _____ _____
A – Orthopedic Impairment/Other Health Impaired/Traumatic Brain Injury Medical Evaluation Educational Impact Analysis Educational Performance	_____ _____ _____	_____ _____ _____
A – Deaf/Blind Medical Evaluation Functional Hearing and Vision Assessment Educational Impact Analysis Educational Performance	_____ _____ _____ _____	_____ _____ _____ _____

MINUTES OF CASE STUDY COMMITTEE MEETING ASSESSMENT PLAN – DEVELOPMENTAL DELAY

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

Student _____

Date of Meeting _____

Signatures of Participants in Attendance at Meeting:

Parent/Guardian (as appropriate)

Administrator/Designee

General Education Teacher

Special Education Teacher

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E – DEVELOPMENTAL DELAY	<u>Evaluator</u>	<u>Date Completed</u>
Vision Screening ___ Passed ___ Failed	_____	_____
Hearing Screening ___ Passed ___ Failed	_____	_____
Observation	_____	_____
Review of Records	_____	_____
Social/Family/Medical History	_____	_____
Adaptive/Self-Help Development	_____	_____
Cognitive Development	_____	_____
Communication Development	_____	_____
Physical Development	_____	_____
Social/Emotional Development	_____	_____
Other (as appropriate)	_____	_____

- Parent(s) is informed of and understands his/her rights and responsibilities.
- Parent(s) provided a copy of his/her rights and responsibilities, as necessary.

MINUTES OF CASE STUDY COMMITTEE MEETING ASSESSMENT PLAN – SPECIFIC LEARNING DISABILITY

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

Student _____

Date of Meeting _____

Signatures of Participants in Attendance at Meeting:

Parent/Guardian (as appropriate)

Administrator/Designee

General Education Teacher

Special Education Teacher

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D –SPECIFIC LEARNING DISABILITY	<u>Evaluator</u>	<u>Date Completed</u>
Vision Screening ___ Passed ___ Failed	_____	_____
Hearing Screening ___ Passed ___ Failed	_____	_____
Observation	_____	_____
Review of Records	_____	_____
Social/Family/Medical History	_____	_____
Intellectual Screening or Assessment	_____	_____
Academic Achievement	_____	_____
Processing Assessment	_____	_____
Other (as appropriate)	_____	_____

- Parent(s) is informed of and understands his/her rights and responsibilities.
- Parent(s) provided a copy of his/her rights and responsibilities, as necessary.

MINUTES OF CASE STUDY COMMITTEE MEETING ASSESSMENT PLAN – INTELLECTUAL DISABILITY

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

Student _____

Date of Meeting _____

Signatures of Participants in Attendance at Meeting:

Parent/Guardian (as appropriate)

Administrator/Designee

General Education Teacher

Special Education Teacher

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D – INTELLECTUAL DISABILITY	<u>Evaluator</u>	<u>Date Completed</u>
Vision Screening ___ Passed ___ Failed	_____	_____
Hearing Screening ___ Passed ___ Failed	_____	_____
Observation	_____	_____
Review of Records	_____	_____
Social/Family/Medical History	_____	_____
Intellectual Assessment	_____	_____
Academic Achievement	_____	_____
Adaptive Behavior Assessment	_____	_____
Other (as appropriate)	_____	_____

- Parent(s) is informed of and understands his/her rights and responsibilities.
- Parent(s) provided a copy of his/her rights and responsibilities, as necessary.

MINUTES OF CASE STUDY COMMITTEE MEETING ASSESSMENT PLAN - ARTICULATION

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

Student _____

Date of Meeting _____

Signatures of Participants in Attendance at Meeting:

Parent/Guardian (as appropriate)

Administrator/Designee

General Education Teacher

Special Education Teacher

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C – ARTICULATION	<u>Evaluator</u>	<u>Date Completed</u>
Vision Screening ___ Passed ___ Failed	_____	_____
Hearing Screening ___ Passed ___ Failed	_____	_____
Observation	_____	_____
Review of Records	_____	_____
Social/Family/Medical History	_____	_____
Articulation Assessment	_____	_____
Oral/Peripheral Examination	_____	_____
Educational Performance	_____	_____
Other (as appropriate)	_____	_____

- Parent(s) is informed of and understands his/her rights and responsibilities.
- Parent(s) provided a copy of his/her rights and responsibilities, as necessary.

MINUTES OF CASE STUDY COMMITTEE MEETING ASSESSMENT PLAN – LANGUAGE/PHONOLOGY

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

Student _____

Date of Meeting _____

Signatures of Participants in Attendance at Meeting:

Parent/Guardian (as appropriate)

Administrator/Designee

General Education Teacher

Special Education Teacher

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C – LANGUAGE/PHONOLOGY DISORDER	<u>Evaluator</u>	<u>Date Completed</u>
Vision Screening ___ Passed ___ Failed	_____	_____
Hearing Screening ___ Passed ___ Failed	_____	_____
Observation	_____	_____
Review of Records	_____	_____
Social/Family/Medical History	_____	_____
Language Assessment	_____	_____
Oral/Peripheral Examination	_____	_____
Educational Performance	_____	_____
Other (as appropriate)	_____	_____

- Parent(s) is informed of and understands his/her rights and responsibilities.
- Parent(s) provided a copy of his/her rights and responsibilities, as necessary.

MINUTES OF CASE STUDY COMMITTEE MEETING ASSESSMENT PLAN – VOICE DISORDER

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

Student _____

Date of Meeting _____

Signatures of Participants in Attendance at Meeting:

Parent/Guardian (as appropriate)

Administrator/Designee

General Education Teacher

Special Education Teacher

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C – VOICE DISORDER	<u>Evaluator</u>	<u>Date Completed</u>
Vision Screening ___ Passed ___ Failed	_____	_____
Hearing Screening ___ Passed ___ Failed	_____	_____
Observation	_____	_____
Review of Records	_____	_____
Social/Family/Medical History	_____	_____
Voice Assessment	_____	_____
Medical Evaluation (ENT)	_____	_____
Oral/Peripheral Examination	_____	_____
Educational Performance	_____	_____
Other (as appropriate)	_____	_____

- Parent(s) is informed of and understands his/her rights and responsibilities.
- Parent(s) provided a copy of his/her rights and responsibilities, as necessary.

MINUTES OF CASE STUDY COMMITTEE MEETING ASSESSMENT PLAN - FLUENCY

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

Student _____

Date of Meeting _____

Signatures of Participants in Attendance at Meeting:

Parent/Guardian (as appropriate)

Administrator/Designee

General Education Teacher

Special Education Teacher

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C – FLUENCY	<u>Evaluator</u>	<u>Date Completed</u>
Vision Screening ___ Passed ___ Failed	_____	_____
Hearing Screening ___ Passed ___ Failed	_____	_____
Observation	_____	_____
Review of Records	_____	_____
Social/Family/Medical History	_____	_____
Fluency Assessment	_____	_____
Recorded Speech Samples	_____	_____
Oral/Peripheral Examination	_____	_____
Educational Performance	_____	_____
Other (as appropriate)	_____	_____

- Parent(s) is informed of and understands his/her rights and responsibilities.
- Parent(s) provided a copy of his/her rights and responsibilities, as necessary.

MINUTES OF CASE STUDY COMMITTEE MEETING ASSESSMENT PLAN – EMOTIONAL IMPAIRMENT

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

Student _____

Date of Meeting _____

Signatures of Participants in Attendance at Meeting:

Parent/Guardian (as appropriate)

Administrator/Designee

General Education Teacher

Special Education Teacher

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B – EMOTIONAL IMPAIRMENT	<u>Evaluator</u>	<u>Date Completed</u>
Vision Screening ___ Passed ___ Failed	_____	_____
Hearing Screening ___ Passed ___ Failed	_____	_____
Observation	_____	_____
Review of Records	_____	_____
Social/Family/Medical History	_____	_____
Psychiatric/Clinical Psychologist Evaluation	_____	_____
Intellectual Assessment	_____	_____
Behavior Rating Assessment/Social Maturity Index	_____	_____
Educational Performance	_____	_____
Other (as appropriate)	_____	_____

- Parent(s) is informed of and understands his/her rights and responsibilities.
- Parent(s) provided a copy of his/her rights and responsibilities, as necessary.

MINUTES OF CASE STUDY COMMITTEE MEETING ASSESSMENT PLAN – AUTISM/PDD

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

Student _____

Date of Meeting _____

Signatures of Participants in Attendance at Meeting:

Parent/Guardian (as appropriate)

Administrator/Designee

General Education Teacher

Special Education Teacher

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A – AUTISM/PDD	<u>Evaluator</u>	<u>Date Completed</u>
Vision Screening ___ Passed ___ Failed	_____	_____
Hearing Screening ___ Passed ___ Failed	_____	_____
Observation	_____	_____
Review of Records	_____	_____
Social/Family/Medical History	_____	_____
Medical Evaluation	_____	_____
Language Assessment	_____	_____
Educational Impact Analysis	_____	_____
Educational Performance	_____	_____
Other (as appropriate)	_____	_____

- Parent(s) is informed of and understands his/her rights and responsibilities.
- Parent(s) provided a copy of his/her rights and responsibilities, as necessary.

MINUTES OF CASE STUDY COMMITTEE MEETING ASSESSMENT PLAN – VISUAL IMPAIRMENT

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Student _____

Date of Meeting _____

Signatures of Participants in Attendance at Meeting:

Parent/Guardian (as appropriate)

Administrator/Designee

General Education Teacher

Special Education Teacher

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A – VISUAL IMPAIRMENT	<u>Evaluator</u>	<u>Date Completed</u>
Vision Screening ___ Passed ___ Failed	_____	_____
Hearing Screening ___ Passed ___ Failed	_____	_____
Observation	_____	_____
Review of Records	_____	_____
Social/Family/Medical History	_____	_____
Medical Evaluation of Vision	_____	_____
Functional Vision Assessment	_____	_____
Educational Impact Analysis	_____	_____
Educational Performance	_____	_____
Other (as appropriate)	_____	_____

- Parent(s) is informed of and understands his/her rights and responsibilities.
- Parent(s) provided a copy of his/her rights and responsibilities, as necessary.

MINUTES OF CASE STUDY COMMITTEE MEETING ASSESSMENT PLAN – HEARING IMPAIRMENT

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

Student _____

Date of Meeting _____

Signatures of Participants in Attendance at Meeting:

Parent/Guardian (as appropriate)

Administrator/Designee

General Education Teacher

Special Education Teacher

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A – HEARING IMPAIRMENT	<u>Evaluator</u>	<u>Date Completed</u>
Vision Screening ___ Passed ___ Failed	_____	_____
Hearing Screening ___ Passed ___ Failed	_____	_____
Observation	_____	_____
Review of Records	_____	_____
Social/Family/Medical History	_____	_____
Medical Evaluation of Hearing	_____	_____
Functional Hearing Assessment	_____	_____
Educational Impact Analysis	_____	_____
Educational Performance	_____	_____
Other (as appropriate)	_____	_____

- Parent(s) is informed of and understands his/her rights and responsibilities.
- Parent(s) provided a copy of his/her rights and responsibilities, as necessary.

**MINUTES OF CASE STUDY COMMITTEE MEETING
ASSESSMENT PLAN – ORTHOPEDIC, HEALTH, BRAIN INJURY**

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

Student _____

Date of Meeting _____

Signatures of Participants in Attendance at Meeting:

Parent/Guardian (as appropriate)

Administrator/Designee

General Education Teacher

Special Education Teacher

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A – ORTHOPEDIC IMPAIRMENT/ OTHER HEALTH IMPAIRED/ TRAUMATIC BRAIN INJURY	<u>Evaluator</u>	<u>Date Completed</u>
Vision Screening ____ Passed ____ Failed	_____	_____
Hearing Screening ____ Passed ____ Failed	_____	_____
Observation	_____	_____
Review of Records	_____	_____
Social/Family/Medical History	_____	_____
Medical Evaluation	_____	_____
Educational Impact Analysis	_____	_____
Educational Performance	_____	_____
Other (as appropriate)	_____	_____

- Parent(s) is informed of and understands his/her rights and responsibilities.
- Parent(s) provided a copy of his/her rights and responsibilities, as necessary.

MINUTES OF CASE STUDY COMMITTEE MEETING ASSESSMENT PLAN – DEAF/BLIND

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. Routine Uses: Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

Student _____

Date of Meeting _____

Signatures of Participants in Attendance at Meeting:

Parent/Guardian (as appropriate)

Administrator/Designee

General Education Teacher

Special Education Teacher

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A – DEAF/BLIND	<u>Evaluator</u>	<u>Date Completed</u>
Vision Screening ___ Passed ___ Failed	_____	_____
Hearing Screening ___ Passed ___ Failed	_____	_____
Observation	_____	_____
Review of Records	_____	_____
Social/Family/Medical History	_____	_____
Medical Evaluation	_____	_____
Functional Hearing and Vision Assessment	_____	_____
Educational Impact Analysis	_____	_____
Educational Performance	_____	_____
Other (as appropriate)	_____	_____

- Parent(s) is informed of and understands his/her rights and responsibilities.
- Parent(s) provided a copy of his/her rights and responsibilities, as necessary.

PARENT PERMISSION FOR EVALUATION

Date _____

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

Dear _____,

The Case Study Committee has met to review your son's/daughter's referral. Based on the information provided, an individual comprehensive evaluation is being recommended to assist us in determining your child's strengths, areas of need and eligibility for special education services. An assessment plan has been designed

Our plan for assessment includes individualized testing administered by qualified personnel in the following:

The results of the evaluation will be treated confidentially and discussed with you at a meeting with school personnel. The information will be used to help determine your child's eligibility for special education. During the assessment period, the assessors may meet to consolidate findings for the summary report. No eligibility decisions will be made until you are present at the eligibility meeting. You will be notified of the date for the eligibility meeting.

It is important that you are aware of your rights about the identification, evaluation, and placement of your child. The Parent Rights and Responsibilities, enclosed with this permission form, explains your rights and responsibilities.

Please sign this permission form and return it to your child's school. We will proceed with these assessments when we have received your written permission to do so. The permission to test will extend for 45 school days from the date that you sign this form. If you have questions, you may contact _____ at _____.

I understand the evaluation process and why it has been recommended for my child. I understand that my consent/permission is voluntary and may be revoked at any time through a written statement to the school administrator.

- Yes, I give my permission for this evaluation.
- No, I do not give my permission for this evaluation.

Signature _____

Date _____

RETAIN THE ORIGINAL FORM FOR YOUR RECORDS. SIGN AND RETURN ATTACHED COPY.

AUTHORIZATION FOR DISCLOSURE OF MEDICAL INFORMATION*
Disclosure Page of IDEA Parent Permission for Evaluation

Authority – “Public Law 104-191, “Health Insurance Portability and Accountability Act (HIPPA),” August 21, 1996.

This form will not be used for authorization to disclose psychotherapy notes, alcohol or drug abuse patient information from medical records or for authorization to disclose information from records of an alcohol or drug abuse treatment program.

I authorize Educational and Developmental Intervention Services (EDIS) to release the requested evaluation information identified on the Parent Permission for Evaluation (page one of this form) to the Case Study Committee in my child’s school. The information will be used to determine my child’s eligibility for special education and related services, or to be used to develop an educational plan.

- a. The information will become part of the child’s special education record.
- b. The authorization applies to the summary report and follow-up information necessary to clarify the report, and to discussions at case study meetings.

Start Date: The authorization start date is the date that you sign this form authorizing the release of information.

Expiration Date: The authorization shall continue as long as your child is enrolled in a school operated by the Department of Defense, or placed in a school by the Department of Defense.

I understand that:

- a. I have the right to revoke this authorization at any time. My revocation must be in writing and provided to the facility where my medical records are kept. I am aware that if I later revoke this authorization, the person(s) I herein name will have used and/or disclosed my protected information on the basis of this authorization.
- b. If I authorize my protected health information to be disclosed to someone who is not required to comply with federal privacy protection regulation, then such information may be re-disclosed and would no longer be protected.
- c. I have a right to inspect and receive a copy of the EDIS evaluation to be used or disclosed, in accordance with requirements of the federal privacy protection regulations found in the Privacy Act and 45 CFR 164.524. I request and authorize the named EDIS/treatment facility to release the information described above to the named individual/organization indicated.
- d. The Military Health System (which includes the TRICARE Health Plan) may not condition treatment in military treatment facilities or payment by the TRICARE Health Plan, enrollment in the TRICARE Health Plan or eligibility for TRICARE Health Plan benefits on failure to obtain this authorization.

Name of Student _____

Signature of Patient/Parent/Guardian**	Relationship to Patient	Date YYYY/MM/DD

***This form is completed when the School CSC requests the Educational and Developmental Intervention Services (EDIS) to conduct an evaluation in support of the school’s special education program.**

****A parent or guardian can only authorize release of medical information for non-minor children (in most circumstances). Children who have reached the age of majority must authorize the release of their medical information. Questions regarding who has the authority to release information should be addressed to the Privacy Officer at the Military Treatment Facility where the EDIS is located.**

NOTICE OF INSUFFICIENT INFORMATION FOR ELIGIBILITY DETERMINATION

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

Dear Parent(s):

Your child, _____, has enrolled in our school with an Individualized Education Program (IEP). Based on the records we have received, there is insufficient data to determine eligibility for special education in the Department of Defense Education Activity (DoDEA) schools. Until your child's eligibility is determined by the Case Study Committee (CSC) according to DoDEA criteria, the school will provide special education services to be based where possible on the incoming IEP along with the decisions reached at today's meeting.

A review of your child's records from his/her previous school and/or a multidisciplinary evaluation is being requested to provide information that will allow the CSC to determine eligibility under regulations governing DoDEA schools. If it is determined that your child meets eligibility requirements, then your child may continue to receive special education services and an IEP will be developed. Both eligibility determination and IEP development will include your participation.

Should the CSC determine that your child does not meet these eligibility requirements, an IEP will not be developed and special education services will be discontinued. Modifications and adaptations for the general education classroom will be recommended, if appropriate.

Signature of Administrator/Designee _____ Date _____

I acknowledge that I have received a copy of DoDEA Parents Rights and Responsibilities and agreed to accept the conditions of enrollment in the special education program that this notice documents.

In order for DoDEA to establish that my child meets the eligibility requirements for special education, I understand that I must authorize the staff to request records from the previous school. I also understand that based on the incoming information, it may be necessary for me to sign the Parent Permission for Evaluation form.

Signature of Parent/Guardian _____ Date _____

Distribution:

____ Copy to parent

____ Original attached to incoming IEP

NOTICE OF CASE STUDY COMMITTEE MEETING

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

Date _____

Dear _____,

The Case Study Committee (CSC) invites you to attend and participate in a meeting concerning your child, _____. The reason for this meeting is to

The meeting is scheduled for _____, at _____, in _____.
date time location

For your information, the following people will be in attendance at the meeting.

Your participation is very important to help us plan appropriately for your child. If you wish, your child and/or any other individual may attend the meeting with you. If this date is not convenient for you, please telephone the number listed below or visit the school to arrange a mutually convenient time and place for the meeting. Thank you for your cooperation and for returning this form.

Case Manager/Contact Person

Telephone Number

PLEASE CHECK ONE OF THE CHOICES BELOW AND RETURN ONE COPY OF THIS FORM TO THE SCHOOL. RETAIN ONE COPY FOR YOUR RECORDS.

- I will attend this meeting about my child.
- I am unable to attend this meeting about my child. Please contact me to reschedule the meeting.

Signature of Parent/Guardian

Date

**NOTICE OF CASE STUDY COMMITTEE MEETING
INDIVIDUALIZED EDUCATION PROGRAM (IEP) MEETING**

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

Date _____

Dear _____,

The Case Study Committee (CSC) invites you to attend and participate in a meeting concerning your child, _____. The reason for this meeting is to

The meeting is scheduled for _____, at _____, in _____.
date time location

For your information, the following people will be in attendance at the meeting.

Attached to this invitation to the meeting is a copy of the goals and objectives proposed for your child. These goals and objectives are a draft copy only and not the final IEP. We would appreciate you reviewing these proposed goals and objectives before the meeting. The goals and objectives will be discussed with you at the meeting and modified as appropriate. We encourage your participation in developing your child's educational program.

Your participation is very important to help us plan appropriately for your child. If you wish, your child and/or any other individual may attend the meeting with you. If this date is not convenient for you, please telephone the number listed below or visit the school to arrange a mutually convenient time and place for the meeting. Thank you for your cooperation and for returning this form.

Case Manager/Contact Person

Telephone Number

PLEASE CHECK ONE OF THE CHOICES BELOW AND RETURN ONE COPY OF THIS FORM TO THE SCHOOL. RETAIN ONE COPY FOR YOUR RECORDS.

- I will attend this meeting about my child.
- I am unable to attend this meeting about my child. Please contact me to reschedule the meeting.

Signature of Parent/Guardian

Date

**NOTIFICATION OF ASSESSMENT PERSONNEL
REQUEST FOR ASSESSMENT**

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

Date _____

To: _____

This memorandum is to inform you that an assessment plan was designed for the following student
_____. Identifying information regarding the student is:

Birthdate:

Grade:

Referring Person:

Suspected Disability:

Vision Screening:

Hearing Screening:

Primary Language in the home:

Permission for Evaluation valid until:

In-house deadline for test completion:

The Case Study Committee has included you in the assessment process. The assessment plan indicates the specific area(s) for which you are responsible.

If you have any questions regarding this assessment, please contact _____,
at _____.

*For secondary students, attach a copy of the student's schedule.

**CASE STUDY COMMITTEE WRITTEN NOTICE
REFUSAL OF PARENTAL REQUEST**

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

To: _____
(Name of Sponsor, Guardian, or Student 18 and over)

Date: _____

Re: _____
(Name of Student)

The purpose of this notice is to inform you that the Case Study Committee reviewed your request dated _____ which would have initiated or changed your child's identification, evaluation, education placement, or provision of FAPE. Based on the CSC's review, the school has decided not to act on your request. The CSC's reasons for refusing your request are described below.

Description of the action refused by the school:

Explanation of why the school refuses to take this action:

Description of any options the school considered prior to this proposal:

Reasons why those options were rejected:

Description of evaluation procedures, tests, records, or reports the school used as a basis for the refusal.

Other information and factors relevant to this decision:

As a parent of a child with a disability, you are entitled to certain procedural safeguards as outlined in the enclosed Parent Rights and Responsibilities. Your rights include the right to request mediation or a due process hearing if you disagree with this decision. If you have any questions about this decision or need additional information concerning your rights, please call _____ at _____.

CASE STUDY COMMITTEE ELIGIBILITY REPORT

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

Student Name: _____ Meeting Date: _____

Required Signatures:

Signature of Parent

Signature of Administrator

Signature of Classroom Teacher

Signature of Special Education Teacher

Signature of Student (if appropriate)

Signature of:

Signature of:

Signature of:

Signature of:

Signature of:

Eligibility Process: Based on a review of the evaluation information presented to determine the presence of a disabling condition that adversely affects the student's educational performance, the CSC concludes that the student is:

- ELIGIBLE for special education and other appropriate related services under DoDEA guidelines.
- INELIGIBLE for special education and other appropriate related services under DoDEA guidelines.
- TRIENNIAL REVIEW; student continues to require services of IEP.

Check criterion and disability by which student has been found eligible for special education and related services is:

- Physical Impairment: Autism Blind Visually Impaired Deaf Hearing Impaired Deaf/Blind Orthopedically Impaired Other Health Impaired Traumatic Brain Injury Pervasive Developmental Disorder
- Emotional Impairment
- Communication Impairment: Articulation Language/Phonology Fluency Voice
- Learning Impairment: Specific Learning Disability Intellectual Disability
- Developmental Delay: Adaptive/Self Help Cognitive Communication Physical Social/Emotional

CASE STUDY COMMITTEE ELIGIBILITY REPORT

Student:

Grade:

Date of Meeting:

I. TESTS/ASSESSMENTS ADMINISTERED

Completion Date

Vision Screening: (results)

Hearing Screening: (results)

II. SYNTHESIS OF TEST DATA (Supporting evidence of disability and impact on educational performance)

CASE STUDY COMMITTEE ELIGIBILITY REPORT

Synthesis of Test Data (continuation)

III. INFORMATION FROM PARENTS/GUARDIANS/STUDENTS:

IV. INFORMATION FROM OTHER SOURCES (Classroom Teacher/Medical/Records):

CASE STUDY COMMITTEE ELIGIBILITY REPORT

V. Each question stated as an eligibility consideration must be answered YES by the CSC in order for the student to meet eligibility requirements for the primary disability criterion. Circle the appropriate response.

CRITERION A - PHYSICAL IMPAIRMENT

YES NO 1. Does the child have a physical impairment (visual, hearing, orthopedic, other health impairment)?

YES NO 2. Does the child require environmental and/or academic modifications?

YES NO 3. Without environmental or academic modifications, will the impairment adversely affect the child's educational performance?

CRITERION B - EMOTIONAL IMPAIRMENT

YES NO 1. Does the student have a confirmed emotional condition?

YES NO 2. Does the condition cause one or more of the following characteristics:

a) An inability to learn that cannot be explained by intellectual, sensory, or health factors? (The student is so emotionally disturbed that s/he cannot learn.)

b) An inability to build or maintain satisfactory interpersonal relationships with peers and teachers? (The student is so emotionally disturbed that s/he cannot enter into relationships.)

c) Inappropriate types of behavior under normal circumstances? (Student's behavior is maladaptive.)

d) A tendency to develop physical symptoms or fears associated with personal or school problems? (Student's physical symptoms or fears are the result of a severe mental disorder.)

e) A general pervasive mood of unhappiness or depression?

YES NO 3. Have the observed maladaptive behaviors lasted for a long period of time?

YES NO 4. Does the condition adversely affect educational performance?

CRITERION C - COMMUNICATION IMPAIRMENT

YES NO 1. Does the child have a communication disorder in one or more of the following areas?

1) **Voice Disorder** - presence of a disorder of pitch, intensity, intonation, respiration, resonance and/or quality which is inappropriate for chronological age or gender.

2) **Fluency Disorder** - occurs at a rate of 3 or more abnormal non-fluencies per minute or is greater than 10% non-fluencies in a language sample of 100 words.

3) **Articulation Disorder** - production is not commensurate with developmental age norms. Measured by either a standard score of 80 or 8 to 10%ile on a test of articulation, an error rate of 25% or greater in a 100 word conversation sample,

6 or more phoneme errors for child under 8, or 1 or more phoneme errors for a child 8 or older.

4) **Language/Phonology Disorder** - receptive and/or expressive language (semantics, morphology, syntax, pragmatics, phonology) is at or near the 10th %ile (or standard score of 81) which indicates significant weaknesses across subtests of more than one assessment instrument, or clusters more than one assessment instrument with a comparative strength identified in another language area.

YES NO 2. Does the communication disorder adversely affect the child's educational performance?

CRITERION D - LEARNING IMPAIRMENT

YES NO 1. Is the student's achievement in math, reading or language arts near or below the 10th percentile? (at or near the 35th percentile for students whose mental ability is one and a half or more standard deviations above the mean)

YES NO 2. Is the student's adverse academic achievement due to one of the following deficits?

1) **Intellectual Disability** - significantly subaverage general intellectual functioning existing concurrently with deficits in adaptive behavior. (Circle one) Severity of deficit is: Mild, Moderate, Severe, Profound.

2) **Specific Learning Disability** - disorder in processing and/or production of language and/or information as measured by significant differences among scaled or standard scores, OR significant weaknesses across sub-tests or clusters of more than one test with comparative strength identified, OR significant weakness identified in language processing with comparative strength identified.

YES NO 3. The identified learning problem is not due primarily to a visual, hearing, or motor disability.

YES NO 4. The learning problem is not due primarily to emotional disturbance, environmental deprivation, cultural differences, or English as a Second Language.

CRITERION E - DEVELOPMENTAL DELAY

Specific to children ages 0 through 5 years only

YES NO 1. The child has a significant developmental delay of 25% or 2 standard deviations in one area OR a delay of 20% or 1.5 standard deviations in two or more areas.

YES NO 2. The developmental delay is in the area(s) of:

- Adaptive/Self-Help Development
- Cognitive Development
- Communication Development
- Physical Development
- Social/Emotional Development

CASE STUDY COMMITTEE ELIGIBILITY REPORT

Present Level of Functioning, Achievement, and Performance

VI. Describe what the student does well within the following areas and what concerns there are for the student. Explain how the student's performance affects his/her involvement and progress in the general curriculum. For preschool children explain how performance affects participation in appropriate activities.

Educational: *How does the student perform within the curriculum and on age appropriate tasks?*
Strengths:

Area Affected:
Educational Need:
Present Level of Performance:

Area Affected:
Educational Need:
Present Level of Performance:

Area Affected:
Educational Need:
Present Level of Performance:

Social/Emotional/Adaptive Behavior: *How does the student manage feelings, interact with others and adapt to different environments?*
Strengths:

Area Affected:
Educational Need:
Present Level of Performance:

Area Affected:
Educational Need:
Present Level of Performance:

Area Affected:
Educational Need:
Present Level of Performance:

Communication: *How well does the student listen, speak, understand language and express self?*

Strengths:

Area Affected:

Educational Need:

Present Level of Performance:

Area Affected:

Educational Need:

Present Level of Performance:

Area Affected:

Educational Need:

Present Level of Performance:

Cognitive: *How does the student think, problem solve, and learn within the environment?*

Strengths:

Area Affected:

Educational Need:

Present Level of Performance:

Area Affected:

Educational Need:

Present Level of Performance:

Area Affected:

Educational Need:

Present Level of Performance:

Physical/Motor and Physical/Health: *How is the student's vision, hearing, coordination and general health?*

Strengths:

Area Affected:

Educational Need:

Present Level of Performance:

Area Affected:
Educational Need:
Present Level of Performance:

Area Affected:
Educational Need:
Present Level of Performance:

Transition/Life Skills/Career: *(students 14 years of age or older)*

Strengths:

Area Affected:
Educational Need:
Present Level of Performance:

Area Affected:
Educational Need:
Present Level of Performance:

Area Affected:
Educational Need:
Present Level of Performance:

VII. RELATED SERVICES NEEDED FOR STUDENT TO BENEFIT FROM SPECIAL EDUCATION:

CASE STUDY COMMITTEE ELIGIBILITY REPORT TRIENNIAL REVIEW

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

The purpose of the triennial review is to determine if the student continues to require special education due to a disability that adversely affects the student's educational performance. Each question stated as a reevaluation consideration must be answered YES by the CSC in order for the student to continue to meet eligibility requirements for continuance of special education services.

1. **YES NO** Does the student's present level(s) of performance and educational need(s) document the need for continued support? (*Need documented under Present Level of Functioning, Achievement, and Performance of CSC Eligibility Report*).

-
2. **YES NO** Are additions or modifications to the special education and related services program needed to enable the student to meet his or her IEP annual goals, and to participate, as appropriate, in the general education curriculum?

The student requires the following additions or modifications to his or her special education program to meet his or her annual goals, and to participate in the general education curriculum.

-
3. **YES NO** Does the student continue to be a child with a disability?

Disability criterion:

-
4. **YES NO** Does the student continue to need special education and related services?

The student continues to require the following services:

**DEPARTMENT OF DEFENSE EDUCATION ACTIVITY
INDIVIDUALIZED EDUCATION PROGRAM (IEP)**

Student Information		
Name: _____	ID Number: _____	DOB: _____
Disability: _____	Native Language: _____	Grade: _____
Date of IEP Meeting: _____	IEP Implementation Date: _____	
Annual Review Date: _____	Triennial Review Date: _____	
Type of IEP: <input type="checkbox"/> Initial <input type="checkbox"/> Annual Review <input type="checkbox"/> Triennial <input type="checkbox"/> Modified <input type="checkbox"/> Draft		
* For initial IEP, parent signature on the IEP indicates consent for provision of services.		

Special Education Services (Direct Services to Student)						
Type of Service	Location	Anticipated Frequency	Time	Start Date	End Date	Service Provider

Related Services (Direct Services to Student)						
Type of Service	Location	Anticipated Frequency	Time	Projected No. Sessions	Start Date/End Date	Service Provider

Consultation (Indirect Services to School/Community Personnel and Parent only)					
Service Provider	Anticipated Frequency	Time	Start Date	End Date	Service provided to:

Signatures:

Parent/Guardian

Student (as appropriate)

General Education Teacher

(_____)

(_____)

Administrator

Special Education Teacher

(_____)

(_____)

(_____)

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Student's Name: _____

ID: _____

Date: _____

ACCOMMODATIONS/SPECIAL CONSIDERATIONS

Physical Education:
Modifications Required:

Transportation:
Modifications Required:

Standardized Testing: Student will participate without accommodations
 Student will participate with accommodations
 Testing not required for this grade level (KN, 1, 2 and 12)
 Student will participate in an alternate assessment

Accommodations:

Special factors the IEP team has determined the student requires. Each "Y" (yes) must be addressed on a goal page.

Braille __ y __ n

Limited English Proficiency __ y __ n

Behavior __ y __ n

Communication Needs __ y __ n

Assistive Technology __ y __ n

Consideration of Extended School Year

IEP team needs to collect additional data in order to make this determination and will meet again by: _____

IEP team has determined that documentation does not support the need for extended school year services.

IEP team has determined that the record shows student's inability to recoup skills within a reasonable time following regression and recommends extended school year services (attach documentation).

COMMENT:

Accommodations/Modifications in General and Special Education

Student's Name: _____

ID: _____

Date: _____

VOCATIONAL EDUCATION/TRANSITION SERVICES

For Students 14 years of age and older

Identify skills, courses, and experiences the student must have to better prepare the student for post-secondary transition.

Vocational Education:
Modifications Required:

Transition Statement:

Student's interests:

Student's strengths/capabilities:

Desired Post-Secondary Outcomes/Anticipated Post-School Setting

Employment

Education

Adult Living

Based on the student's interests, needs, and desired post-secondary outcomes, the IEP team has determined specialized transition services and/or supports are needed in the following area(s). Each area checked must be addressed on a goal page.

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Academic Learning | <input type="checkbox"/> Career Planning | <input type="checkbox"/> Employment | <input type="checkbox"/> Daily Living Skills |
| <input type="checkbox"/> Financial Planning | <input type="checkbox"/> Health/Medical | <input type="checkbox"/> Legal Services | <input type="checkbox"/> Leisure/Recreation |
| <input type="checkbox"/> Living Arrangements | <input type="checkbox"/> Self Advocacy | <input type="checkbox"/> Transportation | <input type="checkbox"/> Social Relationships |
| <input type="checkbox"/> Community Participation | <input type="checkbox"/> Post-secondary Training | <input type="checkbox"/> Other | |

Graduation Plan: Regular Graduation Plan IEP – graduation based on IEP goals/objectives

Transfer of Rights at Age of Majority

Notice was given to the student and parent at least one year prior to reaching the age of majority (18) informing the student of his/her rights under IDEA that will be transferred to the student upon reaching the age of majority (18).

Date notice was given _____ Date student reaches age of majority _____

Student's Name: _____

ID: _____

Date: _____

GOALS and OBJECTIVES

Area:

Need:

Present Level of Performance:

Service Provider(s):

Annual Goal:

Short Term Objectives	Mastery Criteria

Annual Goal:

Short Term Objectives	Mastery Criteria

Annual Goal:

Short Term Objectives	Mastery Criteria

Student's Name: _____

ID: _____

Date: _____

GOALS and OBJECTIVES

Area:

Need:

Present Level of Performance:

Service Provider(s):

Annual Goal:

Short Term Objectives	Mastery Criteria

Annual Goal:

Short Term Objectives	Mastery Criteria

Annual Goal:

Short Term Objectives	Mastery Criteria

Student's Name: _____

ID: _____

Date: _____

LEAST RESTRICTIVE ENVIRONMENT

In making the program decision, the following factors were considered by the IEP team in selecting the least restrictive environment.

Placement of the student is based on his/her individual needs.

Student is educated, to the maximum extent appropriate, with students who do not have disabilities.

Removal from general education only when the nature and severity of the student's educational needs are such that education in the general education program with supplementary support and services cannot be achieved satisfactorily.

Participation with general education students, to the maximum extent appropriate, in school activities.

Placement is as close as possible to the student's home or in the school she/he would attend if not disabled.

Justification for Placement: Explanation of the extent, if any, to which the student will not participate with non-disabled peers. Describe how the student's disability affects his/her involvement and progress in the general curriculum. For preschool children, indicate how the child's disability affects his/her participation in appropriate activities.

Student Progress: Parents will be informed of their child's progress in meeting the goals of his/her IEP on the same timeline as non-disabled students. DoDEA requires the reporting of student progress on a quarterly basis.

Method by which the student's progress will be reported. _____

If progress will be reported more frequently, indicate schedule for reporting the student's progress. _____

INDIVIDUAL TRANSITION PLAN Final Year of Services

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Student: _____ ID: _____ Date: _____

Present Level of Educational Performance: _____

Post-secondary goal(s): _____

Transition Activities	Services SY/ Post-secondary services	Person/Agency Responsible	Outcome(s): recommended services for next year	Timelines

Student _____

ID _____

Date _____

Transition Activities	Services SY/ Post-secondary services	Person/Agency Responsible	Outcome(s): recommended services for next year	Timelines

Department of Defense Education Activity

(School Name)

(Location)

TRANSFER OF RIGHTS

Student Name _____ Date of Birth _____

On this date, _____, I have been informed of and understand the rights in special education that will transfer from my parent/guardian to me on my eighteenth birthday. These rights including written notice, participation in IEP meetings, agreement on issues that require consent and all other procedural safeguards have been discussed with me.

My signature on this notice indicates that I understand my rights and have received a copy of the document titled, *Parent Rights and Responsibilities*. I understand that if I should have any questions, I may contact the case manager listed below.

Signature of Student _____ Date _____

Signature of Case Manager _____ Date _____

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

Distribution:

- Original maintained in Student File
- Copy to Student
- Copy to Parent/Guardian

VISION-HEARING-MEDICAL SCREENING

Case Study Committee Referral

Student _____

Date of Birth _____

Teacher _____

Grade _____

Vision: Date Screened _____

Without Glasses

Distance R 20/____ L/____

Near R 20/____ L/____

With Glasses

R 20/____ L/____

R 20/____ L/____

Instrument Used: Titmus Random Letter Tumbling E Preschool Symbols

PERRLAEOM: _____

Remarks: _____

Hearing: Date Screened _____

Testing frequencies @ 20 or 25 db. Indicate db at which student heard sound.

	500	1000	2000	4000
Right				
Left				

Canals: Pink Erythema

TM's: Clear Opaque PE tubes

Remarks: _____

Current Medical Information:

Medications: _____

Minor neurological signs: Achieved Difficulty with _____

Findings Indicate: (Check all that apply)

- Vision within normal limits
- Hearing within normal limits
- Classroom performance may be adversely affected
- One-on-one testing may be adversely affected
- No additional medical concerns at this time
- Other _____

CSC Testing/Follow-up: Proceed with testing Hold testing

Signature School Nurse _____ Date _____

PRESCHOOL FUNCTIONAL VISION/HEARING SCREENING
Case Study Committee Referral

Child's Name _____

Date of Birth _____

Referring Person _____

This screening is for children ages 2 ½ to 5 years. It does not evaluate vision or hearing acuity, but it does address whether functional vision an/or hearing seems adequate to continue with the assessment process.

VISION (check all that apply)

Does the child....

- Have eyes that look forward, not inward or outward?
- Make eye contact with the objects?
- Follow moving objects with eyes?
- Look at objects without covering one eye or squinting?
- Hold objects at a normal distance from face?
- Move about without frequently bumping into objects?
- Move easily from one floor surface to another?

- Functional vision seems normal.
- A vision problem is suspected. Further evaluation is indicated.

HEARING (check all that apply)

Does the child....

- Breathe through the nose with mouth closed?
- Speak in a normal tone of voice?
- Have a normal voice quality?
- Speak clearly without misarticulations?
- Look at the speaker's face rather than the speaker's lips?
- Look at the speaker straight on without turning an ear toward the speaker?
- Turn when name is spoken while child is not looking?

- Functional hearing seems normal.
- A hearing problem is suspected. Further evaluation is indicated.

Signature of Evaluator _____

Date _____

Title _____

EDUCATIONAL IMPACT

Autism Spectrum Disorder

Student _____
Completed by _____

Grade _____
Date _____

Eligibility for Criterion A, Physically Impaired, requires evidence that the physical, sensory or health impairment is adversely affecting educational performance in the school setting.

Instruments/Techniques Used

- Observations
- Medical report/consultation
- Other _____
- Parent/teacher interviews
- Review of Records

The results of assessment indicate the student exhibits the following characteristics that require modification and/or assistance in the school environment: (Check all that apply)

- Has difficulty playing appropriately with toys or objects
- Makes naïve/embarrassing remarks without regard to social norms
- Exhibits self-stimulating behaviors
- Exhibits perseverative behaviors
- Has echolalic speech
- Is tactically defensive
- Is non-responsive to verbal cues
- Exhibits extreme distress for no apparent reason
- Has limited number of interests
- Exhibits apparent insensitivity to pain
- Does not share enjoyment, interests, or achievements
- Lacks understanding of subtitles or language
- Exhibits inappropriate laughing or giggling
- Lack of peer relationships
- Insists on sameness
- Is very resistant to change in routine
- Has difficulty expressing needs
- Uses gestures instead of words
- Does not maintain a conversation by turn-taking
- Tantrums
- Displays self-injurious behavior
- Demonstrates literal language comprehension and use

Is hypersensitive to _____

Noted special talents _____

Displays unusual reactions related to: Sound Smell Taste Touch Visual stimuli

Instructional Implications of the Assessment Findings

The following accommodations should be considered by the CSC. Place an asterisk (*) beside those accommodations that are already in place.

A. Environment:

B. Instruction:

C. Curriculum:

D. Assessment:

E. Safety:

F. Assistive Technology:

G: Other

EDUCATIONAL IMPACT

Hearing Impairment

Student _____
Completed by _____

Grade _____
Date _____

Eligibility for Criterion A, Physically Impaired, requires evidence that the physical, sensory or health impairment is adversely affecting educational performance in the school setting.

Instruments/Techniques Used

- | | |
|--|--|
| <input type="checkbox"/> Observations | <input type="checkbox"/> Parent/teacher interviews |
| <input type="checkbox"/> Medical report/consultation | <input type="checkbox"/> Review of Records |
| <input type="checkbox"/> Functional Hearing Assessment | |
| <input type="checkbox"/> Other _____ | |

1. Audiological information _____

Date of last audiological exam _____

Hearing loss identified: Right ear Mild Moderate Severe Profound
Left ear Mild Moderate Severe Profound

2. Equipment currently used (HA or FM) _____

3. Communicates with others using:

- | | | |
|---|---|--------------------------------------|
| <input type="checkbox"/> Speech | <input type="checkbox"/> Pidgin Sign | <input type="checkbox"/> Audition |
| <input type="checkbox"/> Gestures/Body Language | <input type="checkbox"/> Signs and speech | <input type="checkbox"/> Cued Speech |
| <input type="checkbox"/> American Sign Language | <input type="checkbox"/> Picture cues | |
| <input type="checkbox"/> Lib reading | <input type="checkbox"/> Signed Exact English | |

4. Check all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Has difficulty hearing teacher/other students in the classroom environment | <input type="checkbox"/> Displays receptive/expressing language delays |
| <input type="checkbox"/> Has difficulty following and/or participating in classroom discussions | <input type="checkbox"/> Has difficulty understanding large group programs/presentations |
| <input type="checkbox"/> Cannot respond to fire alarm | <input type="checkbox"/> Cannot understand information over public address system |
| <input type="checkbox"/> Has difficulty deriving benefit from educational videos | <input type="checkbox"/> Has difficulty with collaborative group activities |

Instructional Implications of the Assessment Findings

The following accommodations should be considered by the CSC. Place an asterisk (*) beside those accommodations that are already in place.

A. Environment:

B. Instruction:

C. Curriculum:

D. Assessment:

E. Safety:

F. Assistive Technology:

G: Other

EDUCATIONAL IMPACT

Other Health Impairment

Student _____
Completed by _____

Grade _____
Date _____

Eligibility for Criterion A, Physically Impaired, requires evidence that the physical, sensory or health impairment is adversely affecting educational performance in the school setting.

Instruments/Techniques Used

- | | |
|--|--|
| <input type="checkbox"/> Observations | <input type="checkbox"/> Parent/teacher interviews |
| <input type="checkbox"/> Medical report/consultation | <input type="checkbox"/> Review of Records |
| <input type="checkbox"/> Other _____ | |

What is the suspected or confirmed medical condition? _____

Characteristics exhibited in educational environment: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Lethargic/fatigues easily | <input type="checkbox"/> Difficulty completing homework/assignments |
| <input type="checkbox"/> Overactive | <input type="checkbox"/> Poor attendance |
| <input type="checkbox"/> Demonstrates staring spells | <input type="checkbox"/> Attends to minute details |
| <input type="checkbox"/> Poor organizational skills | <input type="checkbox"/> Difficulty maintaining self-control |
| <input type="checkbox"/> Difficulty sustaining | <input type="checkbox"/> Difficulty with personal hygiene/toileting |
| <input type="checkbox"/> Poor socialization | <input type="checkbox"/> Impaired cognitive skills |
| <input type="checkbox"/> Difficulty focusing/maintaining attention | <input type="checkbox"/> Lack of endurance |
| <input type="checkbox"/> Poor pragmatic/social language | <input type="checkbox"/> Difficulty with daily living/self-help skills |
| <input type="checkbox"/> Inappropriate talking out | |
| <input type="checkbox"/> Other _____ | |

Instructional Implications of the Assessment Findings

The following accommodations should be considered by the CSC. Place an asterisk (*) beside those accommodations that are already in place.

A. Environment:

B. Instruction:

C. Curriculum:

D. Assessment:

E. Safety:

F. Assistive Technology:

G: Other

EDUCATIONAL IMPACT

Visual Impairment

Student _____
Completed by _____

Grade _____
Date _____

Eligibility for Criterion A, Physically Impaired, requires evidence that the physical, sensory or health impairment is adversely affecting educational performance in the school setting.

Instruments/Techniques Used

- Observations
- Medical report/consultation
- Functional Vision Assessment
- Other _____
- Parent/teacher interviews
- Review of Records

1. Eye condition _____

Date of last eye exam _____

Visual Acuity:	Distance w/correction	Near w/correction
Right Eye	_____	_____
Left Eye	_____	_____
Both Eyes	_____	_____

Visual Field: Full Reduced Describe _____

2. Travel methods currently used/recommended: (Check all that apply)

- Independent travel
- Sighted guide in unfamiliar areas
- Routine use of sighted guide
- Cane
- Protective arm techniques
- Trailing
- Assistance in safety evacuations

3. Recommended Literacy Media:

- Regular sized print
- Braille
- Large print (font size _____)
- Books on tape

4. Equipment currently used/recommended: (Check all that apply)

- Closed circuit television
- Computer with speech output
- Braille writer
- Bold or raised line paper
- Computer screen magnifier
- Hand-held magnifier
- Monocular
- Binoculars
- Desk lamp
- Dark writing implement
- Sunglasses

5. Visual functioning: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Uses eccentric viewing | <input type="checkbox"/> Requires extra time to adjust to lighting changes |
| <input type="checkbox"/> Uses close viewing distance for reading | <input type="checkbox"/> Experiences fatigue from extensive reading |
| <input type="checkbox"/> Requires preferential seating | |

Instructional Implications of the Assessment Findings

The following accommodations should be considered by the CSC. Place an asterisk (*) beside those accommodations that are already in place.

A. Environment:

B. Instruction:

C. Curriculum:

D. Assessment:

E. Safety:

F. Assistive Technology:

G: Other

EDUCATIONAL IMPACT

Orthopedic Impairment

Student _____
Completed by _____

Grade _____
Date _____

Eligibility for Criterion A, Physically Impaired, requires evidence that the physical, sensory or health impairment is adversely affecting educational performance in the school setting.

Instruments/Techniques Used

- Observations
- Medical report/consultation
- Other _____
- Parent/teacher interviews
- Review of Records

1. Seating and positioning considerations: (Check all that apply)

- Able to sit in regular chair
- Requires adaptation to regular chair
- Sits in wheelchair
- Able to use regular desk
- Requires adapted table or tray
- Other _____
- Often indicates discomfort
- Has difficulty using a desk
- Seating does not appear to provide trunk stability
- Difficulty maintaining head control

2. Mobility: (Check all that apply)

- Walks independently
- Needs extra time to reach destination
- Has difficulty with stairs
- Walks with appliance
- Tires easily when walking
- Requires extra time for safety evacuation
- Requires physical assistance for safety evacuation
- Requires assistance with personal hygiene/toileting
- Walks with assistance
- Uses wheelchair independently
- Needs assistance to transfer in and out of wheelchair
- Transfers independently
- Requires assistance carrying books between classes
- Requires assistance with eating

3. Student is able to participate in Physical Education:

- In regular PE without modification
- Unable to participate in regular PE even with modifications
- In regular PE with the following modification(s) _____

4. Fine motor considerations: (Check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Difficulty with handwriting | <input type="checkbox"/> Tires easily when writing |
| <input type="checkbox"/> Has illegible handwriting | <input type="checkbox"/> Unable to hold writing instrument |
| <input type="checkbox"/> Cannot copy written work from board | <input type="checkbox"/> Other_____ |
| <input type="checkbox"/> Cannot use standard keyboard | |

Instructional Implications of the Assessment Findings

The following accommodations should be considered by the CSC. Place an asterisk (*) beside those accommodations that are already in place.

A. Environment:

B. Instruction:

C. Curriculum:

D. Assessment:

E. Safety:

F. Assistive Technology:

G: Other