

# 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

- |  |  |
|--|--|
| <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 _____                 |  |

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

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

### 2. Mobility: (Check all that apply)

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

### 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