

# Orthopedic Impairment

## Assessment Documentation

School System \_\_\_\_\_  
 Student \_\_\_\_\_

School \_\_\_\_\_  
 Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Grade \_\_\_\_\_  
 Age \_\_\_\_\_

1. Definition		
<ul style="list-style-type: none"> <li>▪ the Orthopedic Impairment includes impairments caused by congenital anomaly (e.g. club foot, absence of some member), impairments caused by disease (e.g., poliomyelitis, bone tuberculosis), and impairments from other causes (e.g. cerebral palsy, amputations, and fractures or burns that cause contractures).</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>▪ there is documentation of a severe orthopedic impairment that adversely affects the child's educational performance</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Evaluation Procedures		
<ul style="list-style-type: none"> <li>▪ medical evaluation of child's Orthopedic Impairment by licensed physician</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<div style="margin-left: 40px;">             o Name of physician: _____              o Date of report: _____           </div>		
<ul style="list-style-type: none"> <li>▪ social and physical adaptive behaviors (mobility and activities of daily living) which relate to Orthopedic Impairment</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> <li>▪ documentation (observation and/or assessment) of how Orthopedic Impairment adversely impacts the child's educational performance in his/her learning environment.</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\_\_\_\_\_  
 Signature of Physical Therapist (or representative)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Assessment Team Member

\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Assessment Team Member

\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Assessment Team Member

\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Assessment Team Member

\_\_\_\_/\_\_\_\_/\_\_\_\_  
 Date