

Multiple Disabilities Assessment Documentation

School System _____
Student _____

School _____
Date of Birth ____/____/____

Grade _____
Age _____

1. Definition		
▪ there are concomitant impairments, the combination of which causes such severe educational needs that they cannot be accommodated by addressing only one of the impairments	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ the disabilities do not include Deaf-Blindness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Evaluation Procedures		
▪ evaluation procedures were followed and documented for two (2) or more disabilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ determination of eligibility was based on the definition and standards for two (2) or more disabilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ assessment documentation is attached for each disability		
▪ the nature of the combination of student's disabilities require significant developmental and educational programming that cannot be accommodated with special education by addressing <u>any one</u> of the identified disabilities	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ documentation (observation and/or assessment) of how Multiple Disabilities adversely impacts educational performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Signature of Assessment Team Member

____/____/____
Date

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