Date		

STATEMENT OF ELIGIBILITY ELIGIBILITY TEAM REPORT ORTHOPEDIC IMPAIRMENT

Pupil's Name		E	irthdate	Grade			
Accor	ding to state regulations (NAC 38). This pupil is not eligible for special of this pupil is eligible for special of based on the following criteria.	cial education unde					
CRITI	ERIA FOR ORTHOPEDIC IMPAIR	RMENT					
	The pupil suffers from a severe orthopedic impairment which adversely affects the pupil's educational performance.						
	The pupil has one or more of the following conditions (check one or more):						
	 A congenital anomaly, including, without limitation, clubfoot or the absence of a member A disease, including, without limitation, bone tuberculosis or poliomyelitis Any other cause, including, without limitation, cerebral palsy, an amputation, a fracture or a burn causing a contracture 						
	The controlling factor for the pupil's eligibility is not the lack of appropriate instruction in reading, including the essential components of reading instruction, or lack of appropriate instruction in math.						
	The controlling factor for the pupil's eligibility is not limited English proficiency.						
	By reason of the pupil's Orthopeo	lic Impairment, the _l	oupil needs special educ	ation and related services.			
Eligib	oility Team Members:						
	ture/School Nurse or Other Person fied to Interpret a Health Assessment	Agree/Disagree	Signature/Physical Therapi Occupational Therapist/Oth	st/ Agree/Disagree ner Specialist			
Signa	ture/Regular Classroom Teacher	Agree/Disagree	Signature/Other	Agree/Disagree			
Signa	iture/Parent	Agree/Disagree	Signature/Other	Agree/Disagree			
	Any decision of an eligibility team report and any other documentati						