

MULTIPLE DISABILITIES
BASIS FOR ELIGIBILITY DETERMINATION



Student Name: _____ Home Phone: _____ Date: _____
 Date Of Birth: _____ Home Address: _____
 Student No.: _____ State Student ID: _____

Age	Gender	Grade	Home School	Attending School
Ethnicity		Primary Language - Date Determined		Home Language - Date Determined
Parent/Guardian Name			Cell	Name
Address			Work Phone	Address
			Emergency Phone	Emergency Phone

MULTIPLE DISABILITIES

DEFINITION:

"Multiple disabilities" means simultaneous impairments (such as intellectual disability with blindness, intellectual disability with orthopedic impairment), the combination of which causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. The term does not include deaf-blindness.

CRITERIA:

After consideration of data from multiple sources, review the definition, consider the items below, and note any additional information. Attach this worksheet to the Special Education Committee (SEC-R) Review and include any necessary documentation. Complete all steps.

A child with multiple disabilities who requires special education and related services will meet ALL of the following criteria.

Yes No Step 1
Team reviewed the IDEA definition of Multiple Disabilities.

Yes No Step 2
There is documentation of multiple disabilities. Simultaneous impairments (such as intellectual disability with blindness, intellectual disability with orthopedic impairment) are present and individual specific disability worksheets are attached. Check all disability worksheets completed and determining the child is eligible:

- | | |
|---|--|
| <input type="checkbox"/> Autism | <input type="checkbox"/> Deafness |
| <input type="checkbox"/> Developmental Delay | <input type="checkbox"/> Emotional Disability |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Other Health Impairment |
| <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Speech-Language Impairment |
| <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Visual Impairment/Blindness |

Name	Organization Name	Date of Birth	Student Number	Document Date
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Yes No Step 3

There is documentation that the combination of impairments causes such severe educational needs that they cannot be accommodated in special education programs solely for one of the impairments. List and/or describe:

Yes No Step 4

The student does not have Deaf-Blindness.

ELIGIBILITY DETERMINATION

- The disability criteria for multiple disabilities [!multiple] have been met and the child needs special education (and related services, if applicable).
- The disability criteria for multiple disabilities [!multiple] have NOT been met.