# CRITERIA FOR DISABILITY CATEGORY

### **ORTHOPEDIC IMPAIRMENT**

### Form ER-1-OI (Rev. 06/2023)

Date form completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LEA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WISEid\_\_\_\_\_\_\_\_\_\_\_ LEA’s Student ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Initial evaluation or considering new disability category *(must complete all sections)*

[ ]  Reevaluat~~ion~~ing category for continuing identification *(sections I and II optional, must complete section III)\**

This form is provided to assist individualized education program (IEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under [Chapter 115, Wis. Stats](https://docs.legis.wisconsin.gov/statutes/statutes/115)., and [PI 11.36, Wis. Admin. Code](https://docs.legis.wisconsin.gov/code/admin_code/pi/11/36). The IEP team should complete this form to document whether or not the student meets the disability category criteria or if ~~during a~~ reevaluating~~ion~~, the student’s disability continues to adversely affect the student’s educational performance. Attach the criteria form to the Evaluation Report, DPI sample form ER-1, that includes additional information to determine special education eligibility.

Orthopedic impairment means a severe orthopedic impairment that adversely affects a child's educational performance. The term includes, but is not limited to, impairments caused by congenital anomaly, such as a clubfoot or absence of some member; impairments caused by disease, such as poliomyelitis or bone tuberculosis; and impairments from other causes, such as cerebral palsy, amputations, and fractures or burns that cause contractures. [PI 11.36 (2), Wis. Admin. Code](https://docs.legis.wisconsin.gov/document/administrativecode/PI%2011.36%282%29)*.* Refer to [Forms Guide](https://dpi.wi.gov/sped/laws-procedures-bulletins/procedures/sample/forms) for more information.

Criteria\* for the disability category of orthopedic impairment can be documented as follows:

## SECTION I. IMPAIRMENT

*One must be checked yes.*

[ ]  Yes [ ]  No **Does the student have a congenital anomaly?** (Including, but not limited to, clubfoot.\*)*Explain or reference data or evidence:*

[ ]  Yes [ ]  No **Does the student have impairments caused by disease?** (Including, but not limited to, poliomyelitis or bone tuberculosis.\*) *Explain or reference data or evidence:*

[ ]  Yes [ ]  No **Does the student have impairments from other causes?** (Including, but not limited to, cerebral palsy, amputations, and fractures or burns that cause contractures.\*)

**Examples of other conditions** which may qualify a student for Orthopedic Impairment include, but are not limited to, arthrogryposis, spina bifida, juvenile arthritis, muscular dystrophy, and osteogenesis imperfecta. These examples are provided as those noted in federal and state law have been mostly eradicated in the United States.

**NOTE:** A diagnosis from a licensed physician is not required for the IEP team to consider Orthopedic Impairment. However, medical diagnosis and medical information are helpful.

*Explain or reference data or evidence:*

## SECTION II. EDUCATIONAL PERFORMANCE

*Must be checked yes.*

[ ]  Yes [ ]  No **Is the student’s educational performance in one or more of the following areas adversely affected as a result?**

 *If yes, check ALL that apply. Consider academic achievement and functional performance.*

[ ]  Maintaining and changing positions

[ ]  Using classroom materials

[ ]  Hygiene/self-care

[ ]  Clothing management

[ ]  Mobility

[ ]  Eating

[ ]  Classroom performance

[ ]  Pre-academic or academic achievement

[ ]  Social/Emotional functioning

[ ]  Communication

[ ]  Vocational skills

[ ]  Behavior

[ ]  Participation in physical education

[ ]  Safety issues

[ ]  Accessing the community

[ ]  Other. *Describe:*

*Explain or reference data or evidence:*

## SECTION III. DISABILITY CATEGORY CRITERIA DETERMINATION

Initial evaluation or considering new disability category

[ ]  Yes [ ]  No The documentation of the criteria above demonstrates a severe orthopedic impairment that adversely affects the student’s educational performance. The student meets the disability category criteria for ~~under~~ **orthopedic impairment**. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).

Reevaluat~~ion~~ing category for continuing identification\*

[ ]  Yes [ ]  No The student was previously found eligible for special education, having met ~~as meeting~~ the disability category criteria for ~~under~~ **orthopedic impairment,** and continues to have a disability that adversely affects the student’s educational performance. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to continue to be eligible for special education (document the need for specially designed instruction on the ER-1). *Explain or reference data or evidence:*

*\** A student ~~who~~ previously found eligible for special education, having met the disability category criteria for ~~under~~ ~~the disability category of~~ orthopedic impairment, is not required to meet initial identification criteria upon reevaluation.