

Eligibility Criteria: Multiple Disabilities

Student's Name: _____ Date: ____/____/____

School: _____

“Multiple disabilities” means two or more impairments at the same time (for example, intellectual disabilities and blindness; specific learning disability and 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 (excludes deaf-blindness).

Criteria:

- | | Yes | No | | | | | | | | | | | | |
|---|--|--|---------------------------------|--|--|---|--|--|---|---|--|---|--|--|
| 1. Documentation of two or more impairments existing concurrently (check areas of disability and attach each disability determination criteria form) | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |
| <table style="width: 100%; border: none;"><tr><td style="width: 33%;"><input type="checkbox"/> Autism</td><td style="width: 33%;"><input type="checkbox"/> Orthopedic Impairment</td><td style="width: 33%;"><input type="checkbox"/> Other Health Impairment</td></tr><tr><td><input type="checkbox"/> Emotional Disability</td><td><input type="checkbox"/> Intellectual Disability</td><td><input type="checkbox"/> Hearing Impairment/Deafness</td></tr><tr><td><input type="checkbox"/> Specific Learning Disability</td><td><input type="checkbox"/> Traumatic Brain Injury</td><td><input type="checkbox"/> Vision Impairment/Blindness</td></tr><tr><td><input type="checkbox"/> Speech/Language Impairment</td><td></td><td></td></tr></table> | | | <input type="checkbox"/> Autism | <input type="checkbox"/> Orthopedic Impairment | <input type="checkbox"/> Other Health Impairment | <input type="checkbox"/> Emotional Disability | <input type="checkbox"/> Intellectual Disability | <input type="checkbox"/> Hearing Impairment/Deafness | <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Vision Impairment/Blindness | <input type="checkbox"/> Speech/Language Impairment | | |
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| <input type="checkbox"/> Specific Learning Disability | <input type="checkbox"/> Traumatic Brain Injury | <input type="checkbox"/> Vision Impairment/Blindness | | | | | | | | | | | | |
| <input type="checkbox"/> Speech/Language Impairment | | | | | | | | | | | | | | |
| 2. The child's performance is affected to the extent that the educational needs cannot be accommodated in special education programs solely for one of the impairments | <input type="checkbox"/> | <input type="checkbox"/> | | | | | | | | | | | | |

For identification as a student with a disability and subsequently eligible for special education and related services all answers to the following questions must be “yes”.

- | | Yes | No |
|--|--------------------------|--------------------------|
| 1. Does the student have a qualifying disability as defined by the Regulations Governing Special Education Programs for Children with Disabilities in Virginia (July 2009) and as defined by this criteria checklist? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If the student is defined as disabled by application of this criteria, is it also the conclusion of the eligibility group that the disability has an adverse effect on the student's educational performance? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. In addition, is it the conclusion of the eligibility committee that, given evidence of a qualifying disability and of an adverse effect on educational performance, the student's condition requires specially designed instruction (special education) to address identified concerns? | <input type="checkbox"/> | <input type="checkbox"/> |