COMPLIANCE VERIFICATION FORM

Multiple Disabilities

07-2 AAC Criteria

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| --- | --- | --- | --- | --- | --- |
| **Student’s Name** |  | **Reviewer** |  | **Date** |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Multiple DisabilitiesEvaluation Requirements | **EVAL** | | **ELIG RPT** | | **N/A** | **COMMENTS** |
| **YES** | **NO** | **YES** | **NO** |
|  | 1. **Vision Screening** P\_\_\_\_ F\_\_\_\_\_ Follow-up\_\_\_\_\_   **Hearing Screening** P\_\_\_\_ F\_\_\_\_\_ Follow-up\_\_\_\_\_ |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  | Definition. Multiple Disabilities means concomitant impairments (such as intellectual disability-blindness, or intellectual disability-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. Multiple disabilities does not include deaf-blindness. |  |  |  |  |  |  |
|  | Criteria. The child must meet all eligibility criteria for two or more areas of disabilities: Disability Area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Disability Area \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |
|  | Attach at least two disability area checklists. |  |  |  |  |  |  |
|  | Evaluations required. Refer to minimum evaluative components required under each area of disability. Eligibility criteria for the two or more areas of disability must be documented on the eligibility report. |  |  |  |  |  |  |

**The following information must also be included on the eligibility report:**

**For Initial Evaluation**

**Prong 1  Yes No**

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| --- | --- | --- |
| Documentation that the child was provided appropriate instruction in regular education settings |  |  |
| Documentation that instruction was delivered by qualified personnel |  |  |

**Prong 2**

|  |  |  |
| --- | --- | --- |
| Data-based documentation of repeated assessments of achievement at reasonable intervals reflecting formal assessment of student progress during instruction |  |  |
| Documentation above was provided to the parent |  |  |

**At Every Reevaluation**

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| --- | --- | --- |
| Documentation that instruction was delivered by qualified personnel |  |  |