

Orthopedic Impairment (OI) Consultant Functional

Assessment Report

Orthopedic impairment (OI) Consultant:

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| --- | --- | --- | --- |
| Date: |  | School: |  |
| Student name: |  | ID#: |  |
| Date of birth: |  | Grade: |  |
| Special education category: |  | | |

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| --- | --- |
| **Self-care** | |
| Toileting |  |
| Washing |  |
| Cafeteria |  |
| Medical needs |  |
| Clothing on/off |  |
| Therapy/exercise |  |
| Other |  |

|  |  |
| --- | --- |
| **Accessibility/Mobility** | |
| Transportation |  |
| Doors |  |
| Orthotics |  |
| Transition into the building |  |
| Classroom transitions |  |
| Lockers/storage |  |
| Transfers |  |
| Safety procedures |  |
| Playground/recess |  |
| Home economics |  |
| Science labs |  |
| Field trips |  |
| Extra-curricular events |  |
| Other |  |

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| --- | --- |
| **Academics** | |
| Seating/work surfaces |  |
| Managing materials |  |
| Organization |  |
| Testing |  |
| Reading |  |
| Written work |  |
| Assistive technology |  |
| Homework |  |
| Fine motor tasks |  |
| Gross motor tasks |  |
| Other |  |

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| --- |
| **Summary** |
|  |

Individual evaluation was conducted in the student’s native language or other communication mode used by the student:

Yes

No

Evaluator’s initials: