E-MD

**Eligibility Criteria Form**

**Multiple Disabilities**

Chapter 7, Section 4(d)(vii)

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| --- | --- | --- |
| **Name of Student** | **Date of Birth** | **Date of Eligibility Determination** |
|  |  |  |

**Multiple Disabilities** means concomitant impairments (such as Cognitive Disability-Blindness; Traumatic Brain Injury-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 unless another eligibility criteria is met.

**Initial Eligibility Criteria for Multiple Disabilities Statement A must be checked Yes, and at least two (2) disability categories checked Yes.**

**Yes No** The team determines that the child meets eligibility criteria in two or more disability categories. Check “Yes” to verify that the child meets eligibility criteria in at least two (2) disability categories.

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| --- | --- | --- |
| **Yes** | **No** | Autism Spectrum Disorder criteria is met. |
| **Yes** | **No** | Cognitive Disability criteria is met. |
| **Yes** | **No** | Deaf-Blindness criteria is met. |
| **Yes** | **No** | Emotional Disability criteria is met. |
| **Yes** | **No** | Hearing Impairment criteria is met. |
| **Yes** | **No** | Orthopedic Impairment criteria is met. |
| **Yes** | **No** | Other Health Impairment criteria is met. |
| **Yes** | **No** | Specific Learning Disability criteria is met. |
| **Yes** | **No** | Traumatic Brain Injury criteria is met. |
| **Yes** | **No** | Visual Impairment criteria is met. |

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