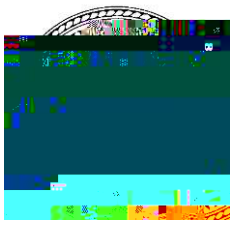

Indicate the child's primary disability (*check only one)*:

- ☐ Deafness
- ☐ Functional Deafness
- ☐ Blindness
- ☐ Deaf-Blindness
- ☐ Visual Impairment
- ☐ Orthopedic Impairment
- ☐ Emotional Disturbance

If the child has multiple disabilities, check all that apply:

- ☐ Intellectual Disability
- ☐ Autism
- ☐ Emotional Disturbance
- ☐ Speech or Language Impairment
- ☐ Deafness
- ☐ Hearing Impairment
- ☐ Visual Impairment
- ☐ Orthopedic Impairment
- ☐ Other Health Impairment
- ☐ Traumatic Brain Injury

Indicate the **current** educational placement of the child:

School Name Q 50.52 501.90 318.17 667.74 Tm0 g0 G

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