



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
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- Hearing Impairment
- Visual Impairment
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