PHYSICAL/HEALTH IMPAIRED EVALUATION SUMMARY

Sevier County Schools/Department of Special Education

Student _____ School_____
Date of Birth _____ Age ____ Grade _____

I. **Social and Physical Adaptive Behaviors**

A. Social and/or physical adaptive behaviors related to the impairment are interfering with the student's educational performance. ❑Yes ❑No

B. If yes, document deficit areas:

_____
_____
_____
_____
_____

II. **School History and Level of Educational Performance**

A. Summary of past educational performance:

_____
_____
_____
_____
_____

B. Current levels of educational performance:

_____
_____
_____
_____
_____
_____

Date of Medical Evaluation (report attached): _____

This report completed by:

_____ _____ _____
Signature Position Date

Revised 12/01