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
- ☐
- ☐
- ☐

- ☐ Hearing Impairment
- ☐ Visual Impairment
- ☐
- ☐
- ☐

☐   ☐   ☐