

**MINUTES OF CASE STUDY COMMITTEE MEETING
ASSESSMENT PLAN – ORTHOPEDIC, HEALTH, BRAIN INJURY**

Privacy Act Notice: Authority to Collect Information: 20 U.S.C. 927(c) and 10 U.S.C. 2164(f), as amended; E.O 9387; the Privacy Act of 1974, as amended, 5 U.S.C. 552a. **Principal Purpose:** The information will be used within the DoD to determine the services to be provided to a student to assist the child to receive a free appropriate public education. **Disclosure** to the Agency of the information requested on this form is voluntary; but failure to provide all requested information may result in the delay or denial of student services. DoDEA may disclose information requested in this form to other DoD activities and contracted service providers who require the information to deliver educational services to the child and for valid medical, law enforcement or security purposes, or for use in litigation concerning the delivery of student. **Routine Uses:** Disclosure of information contained in this form is authorized outside the DoD in accordance with the "Blanket Routine Uses" described at the beginning of the Office of the Secretary of Defense's compilation of systems of records notices, published at <http://www.defenselink.mil/privacy/notice/osd>.

Student _____

Date of Meeting _____

Signatures of Participants in Attendance at Meeting:

Parent/Guardian (as appropriate)

Administrator/Designee

General Education Teacher

Special Education Teacher

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| A – ORTHOPEDIC IMPAIRMENT/ OTHER HEALTH IMPAIRED/ TRAUMATIC BRAIN INJURY | <u>Evaluator</u> | <u>Date Completed</u> |
|---|-------------------------|------------------------------|
| Vision Screening ____ Passed ____ Failed | _____ | _____ |
| Hearing Screening ____ Passed ____ Failed | _____ | _____ |
| Observation | _____ | _____ |
| Review of Records | _____ | _____ |
| Social/Family/Medical History | _____ | _____ |
| Medical Evaluation | _____ | _____ |
| Educational Impact Analysis | _____ | _____ |
| Educational Performance | _____ | _____ |
| Other (as appropriate) | _____ | _____ |

- Parent(s) is informed of and understands his/her rights and responsibilities.
- Parent(s) provided a copy of his/her rights and responsibilities, as necessary.

