



## Severely Multiply Impaired (SMI)

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Building: \_\_\_\_\_

Reviewer Name: \_\_\_\_\_

Date of Evaluation Report: \_\_\_\_\_

Eligible: \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_ Evaluation (Must meet initial criteria)

\_\_\_\_ Reevaluation

**Based on information in the Evaluation Report and the student file, the student must meet ALL requirements below.**

### Multiple Disabilities

Identify **at least two** disabilities that are documented in the student's file:

\_\_\_\_ Deaf and Hard of Hearing

\_\_\_\_ Physically Impaired

\_\_\_\_ Developmental Cognitive Disability – Severe-Profound range

\_\_\_\_ Blind or Visually Impaired

\_\_\_\_ Emotional or Behavioral Disorders

\_\_\_\_ Autism Spectrum Disorders

### Review of Eligibility Determination

To determine compliance with eligibility determination, **one of the following must be checked.**

\_\_\_\_ The documentation supports the team decision.

\_\_\_\_ The documentation does not support the team decision.

For complete information regarding disability criteria requirements, refer to Minnesota Rule 3525.1339.