

OREGON REGIONAL ELIGIBILITY SCREENING TOOL Scoring Sheet

Student's Name _____ Region _____ County _____ Date _____

Diagnosis _____

DOB _____ CA _____ School _____

PT Evaluator _____

OT Evaluator _____

SLP Evaluator _____

Previous Testing _____

FOR REGIONAL USE ONLY

Total number with average of 3 = _____

Total number with average of 2 = _____

Eligible: _____ Yes _____ No

Rescreen Date: _____

A. NEUROMUSCULAR	Score	Comments
1. Muscle Tone Strength		
2. Reflex Activity and/or Abnormal Motor Pattern		
TOTAL GROUP A		$\div 2 =$

D. ORAL MOTOR	Score	Comments
1. Oral Coordination		
2. Articulation		
3. Augmentative Communication		
TOTAL GROUP D		$\div 3 =$

B. GROSS MOTOR	Score	Comments
1. Head Control		
2. Rolling		
3. Creeping		
4. Sitting		
5. Kneeling		
6. Half-Kneel		
7. Stand		
8. Functional Gait		
TOTAL GROUP B		$\div 8 =$

E. FUNCTIONAL ABILITY	Score	Comments
1. Transferring		
2. Mobility with Equipment		
3. Activities of Daily Living		
4. Structural Deformity		
5. Degenerative Condition		
TOTAL GROUP E		$\div 5 =$

C. FINE MOTOR	Score		Comments
	L	R	
1. Grasp and Release			
2. Reach			
3. Object Manipulation			
4. Bilateral Hand Use			
5. Functional Writing			
TOTAL GROUP C			$\div 5 =$

F. MISCELLANEOUS	Score	Comments
1. Concern for Skin Breakdown		
2. Bowel/Bladder Control		
3. Bowel/Bladder Management		
4. Relative Weight		
5. Pain		
TOTAL GROUP F		$\div 5 =$

KEY: n/a = not applicable, 0= normal, 1= mildly atypical/minimal limitation,
2= moderately atypical/moderate limitation, 3=severely atypical/severe limitation

To be eligible for Regional Services for students with Severe Orthopedic Impairments: a student with an orthopedic impairment must have two or more sections with an average score of 3, or three or more sections with an average score of 2 or more.