

OREGON REGIONAL ELIGIBILITY SCREENING TOOL, REVISED (OREST)

2006 Revision Editors

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PREFACE

The original work on which the OREST is based is entitled Pediatric Screening: A Tool for Occupational and Physical Therapists. It was developed by Doris Taylor, Mary Christopher, Shari Freshman, and Irene McEwen, therapists in the Seattle Public Schools. The original tool was helpful to school districts in Washington in determining the level of service delivery deemed appropriate for specific children with orthopedic impairments, regardless of severity. In 1988, with help from numerous Oregon therapists, Penny Reed, Nancy Cicirello and Sandy Hall extensively modified the original screening tool, eliminating some items and adding whole new areas such as: fine motor function, augmentative communication, relative weight, and bowel and bladder concerns. In the current revision, some elements from the former Service Needed Section have been folded into the Motor Section to create a streamlined severity rating scale which considers motor abilities only. This change insures that decisions about services are made by the IEP/IFSP team as a whole.

The Oregon Department of Education thanks all the Oregon therapists who have helped field test the many revisions of this tool. Special thanks are extended to the members of the Working Group for Students with Orthopedic Impairments of Oregon's Regional Program services.

QUESTIONS REGARDING THE OREST

The Oregon Department of Education administers eight Regional Programs across the state, each serving an identified geographic area, as identified on page 9. Questions about the OREST can be directed to the program serving children with orthopedic impairments within any of the respective Regional Programs.

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ABOUT THE OREST

The 1985 legislature directed funding, available through Oregon Regional Programs, to support children with **severe** orthopedic impairments who need special education and related services. These Regional Program services are delivered in collaboration with local school districts and Early Intervention/Early Childhood Special Education Programs (EI/ECSE). There are eight Regional Programs in Oregon. Each program provides services to children who are determined to have a severe orthopedic impairment as measured by this screening tool. A map of the Regional Programs service areas, and contact information, is included on page 9.

The Oregon Regional Eligibility Screening Tool (OREST) was developed for use in determining eligibility for Regional Program services for children with severe orthopedic impairments. The tool evaluates the severity of functional deficits and is to be administered only by occupational and physical therapists who have been trained in its use. Occupational and physical therapists are the only professionals in the school qualified to evaluate the quality of movement of children with orthopedic impairments. The speech/language pathologist serving the child should be consulted about items relating to communication.

In order to be eligible for Regional Program services, a child must first meet the eligibility requirements established by the State of Oregon as a student with an Orthopedic Impairment. For children age three to twenty-one, a qualifying score on the OREST is an additional eligibility requirement for Regional Program services. Children on IEPs, IFSPs, or 504 plans who have mild to moderate orthopedic impairments and need occupational therapy or physical therapy in school receive services from their local school districts or EI/ECSE providers.

The OREST should be used only to determine eligibility for Regional Program services. It is not meant to be used to identify eligibility for school therapy services from other sources. Decisions about the level of service needed or whether a student receives therapy at all must be made by the IEP/IFSP team. The *Occupational and Physical Therapy Service Needs Checklist for Ages 3 - 21* and for *Early Intervention Ages Birth – 2 years* may be used as a guide to help the IEP/IFSP team in making decisions about services. The checklists may be accessed by contacting the respective Regional Programs, or through the office of the Regional and Statewide Services for Students with Orthopedic Impairments.

Historically, the OREST has been administered at least once every three years to students suspected to qualify for Regional Program Services for Severe Orthopedic Impairment. However, IDEA 2004 specifies that a reevaluation shall occur:

- not more frequently than once a year, unless the parent and the local educational agency agree otherwise;
- at least once every 3 years, unless the parent and the local educational agency agree that a reevaluation is unnecessary.

All reevaluations for students suspected of any disability, including the need to identify the severity of a suspected orthopedic impairment, must conform to provisions established in IDEA 2004 [Sec. 614 (a)(2)].

When considering the student's functioning level at the 3-year reevaluation period, the team should review existing information included in the most recently completed OREST for the student (probably 3 years prior). Based on this review:

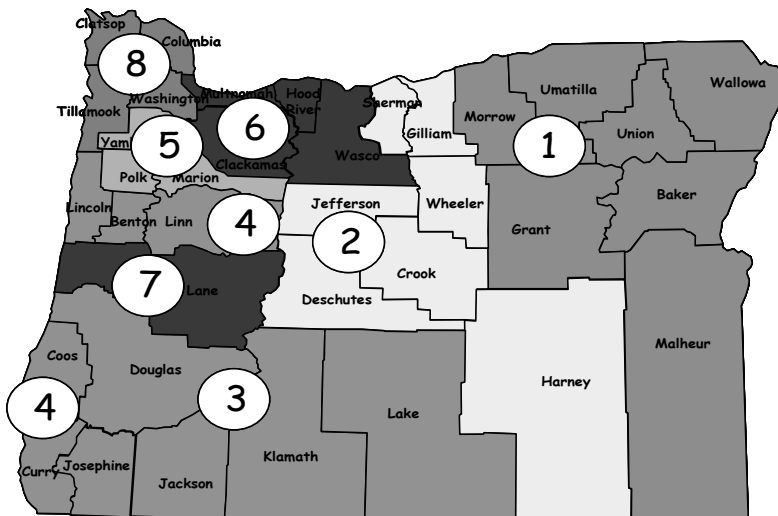
- If the team determines that the information included in the OREST is outdated or no longer reflects the student's needs, reevaluation is required. Parental consent to readminister the OREST must be obtained prior to reevaluation. Results of the readministered OREST would determine whether the student is eligible for regional services.

or

- If the team determines that the information included on the OREST reflects the student's current functioning, the team has two options. The parent would either:
 - ◆ be provided a Prior Written Notice identifying that no further evaluation is needed, and be given the opportunity to request further evaluation; or,
 - ◆ provide consent documenting parental agreement that reevaluation is unnecessary.

If the team determines that the information included on the OREST reflects the student's current functioning, the student would continue to be eligible for Regional Program services as a student with a severe orthopedic impairment.

OREGON'S REGIONAL PROGRAMS AND STATEWIDE CONTACT INFORMATION



Region 1: Eastern Oregon Regional Program

Umatilla-Morrow ESD
541-276-6616

Region 5: Willamette Regional Program

Willamette ESD
503-588-5330

Region 2: Central Oregon Regional Program

High Desert ESD
541-693-5700

Region 6: Columbia Regional Program

Portland Public Schools
503-916-5570

Region 3: Southern Oregon Regional Program

Southern Oregon ESD
541-776-8555

Region 7: Lane Regional Program

Lane ESD
541-461-8264

Region 4: Cascade Regional Program

Lincoln-Benton-Linn ESD
541-812-2600

Region 8: Northwest Regional Program

Northwest Regional ESD
503-614-1428

Additional Contacts:

Oregon Department of Education
Office of Student Learning and Partnerships
503-378-3600

Regional and Statewide Services for
Students with Orthopedic Impairments
(RSOI), Douglas ESD, 541-440-4791

INSTRUCTIONS FOR SCORING THE OREST

The OREST specifically addresses eligibility criteria for Regional Program services according to severity. Its purpose is not to determine the level of service needed or to determine whether a student receives therapy at all. Those decisions must be made by the IEP/IFSP team.

There are six Sections (A-F) in the OREST. Each Section has a number of items with corresponding descriptions of severity level.

NOTE: In screening the student with global developmental delay, Section A is extremely important. If the student has normal or low tone and does not rate moderate or severe in reflex activity, it is likely that the orthopedic component of the disability is not severe. Either stop at this point or proceed carefully with the rest of the screening, determining with each item whether the lack of performance is due to developmental delay or true orthopedic involvement.

Score each item as defined in the manual, pages 13 - 27. The score number is to the left of each description (N/A or 0, 1, 2, 3). The descriptions are meant to give a general picture of the child's function. The OREST does not describe every possible characteristic. Try to select the category that best describes the child being screened. If you are having difficulty choosing between two numbers, select the higher number for the individual item (i.e., the child's ability falls between a 2 and a 3, choose 3 for the score.)

Total the numbers in each block within each designated section.

Divide the total within each Section by the number of items as indicated on the score sheet. If N/A is used, reduce the divisor appropriately.

In the fine motor section, children with hemiplegia are scored by adding the scores of the involved side with the noninvolved side then dividing by the appropriate denominator, (e.g., one hand with normal function is scored N/A, the involved side receives an appropriate score — the denominator is 1).

Degenerative Conditions (E5) include diagnoses such as Muscular Dystrophy, Mitochondrial Disorders, Neurofibromatosis or other disorders that lead to progressive loss of function over time. Cerebral Palsy, Osteogenesis Imperfecta, Arthrogyrosis, Spina Bifida, etc., would not be included because, although students may lose function, these conditions are not progressive in nature.

When computing the average for a block, do not "ROUND UP" scores to the next higher number. You have already chosen the more "severe" number on individual items. Rounding up at this point produces an artificially high score.

Record the number of sections with an average of 3 in the appropriate space in the box.
Record the number of sections with an average of 2 in the appropriate space in the box.

NOTE: In Section D, E, and F, many items may be scored as N/A, depending upon the diagnosis. A score of N/A is neutral and will not affect the child's eligibility.

OVERVIEW OF OREST SCORING CRITERIA

The following descriptions are meant to give a general picture of the child's function and may not include an exact description of the specific child that you are evaluating. Select the category that best describes the student being seen. In general, the numbers represent the following considerations:

1. The child performs with a diminished quality of movement.
2. The child performs with a significant amount of difficulty.
3. The child is unable to perform or requires a great deal of assistance to accomplish the task, activity, or movement.

Assess the child in the customary educational environment.

Assess the child while he/she is not using adaptive equipment (e.g. hand splints, AFO's, walkers) unless otherwise stated. Use the comment section on the score sheet to clarify all scores.

For items that include wording about developmental age in the scoring criteria (e.g., Item B7, Standing), the child's cognitive level should be considered. For those items where developmental age is not mentioned in the scoring criteria, cognitive level should not be considered. If developmental age is not mentioned, the child should be scored in comparison to typically-developing, same-aged peers.

DETERMINING THAT A STUDENT HAS A SEVERE ORTHOPEDIC IMPAIRMENT AND IS ELIGIBLE FOR REGIONAL SERVICES

Eligibility for Regional Program services for a student with severe orthopedic impairment is determined as follows:

For Early Intervention:

Established eligibility for Early Intervention Services as a child with an orthopedic impairment.

and

Diagnosis from a medical provider of an orthopedic impairment.

and one of the following conditions:

The child exhibits a developmental delay of three standard deviations or more below the mean in motor (gross or fine motor) development. *

or

The child exhibits a developmental delay of two standard deviations below the mean in motor (gross or fine motor) development and one other area.

* *If you are using an evaluation instrument which does not give scores as low as three standard deviations below the mean, report the actual score the child receives and note that if the test gave lower standard deviation scores the child would have scored lower. Do not use formulas to expand the standard deviation calculations.*

For Early Childhood Special Education (age 3 to school age):

Eligibility for Early Childhood Special Education as a child with an orthopedic impairment and a rating of "severe"* on the OREST.

For School Aged:

Eligibility for Special Education as a student with an orthopedic impairment and a rating of "severe"* on the OREST.

*** To be considered eligible for Regional Program 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.

OREGON REGIONAL ELIGIBILITY SCREENING TOOL SEVERITY RATING SCALE

Section A. NEUROMUSCULAR

NOTE: In this section a score of N/A is not acceptable. A score of "0" is purposefully used for normal tone and reflex activity.

A1. Muscle Tone or Muscle Strength	
0 Normal	
1 Mildly atypical:	Presence of mild hypertonus, hypotonus or muscle weakness which affects function but does not greatly influence it.
2 Moderately atypical:	Presence of more intense hypertonus, hypotonus or muscle weakness which significantly affects performance of daily activities and which may lead to deformity.
3 Severely atypical:	Extreme hypertonus, hypotonus, muscle weakness, or flaccid state which prevent performance of daily living activities or is at greater risk regarding deformities.

A2. Reflex Activity and/or Abnormal Motor Patterns	
0 Normal	
1 Mildly atypical:	Tendency toward abnormal motor patterns or presence of reflex residuals. Reflex activity does not interfere with ability to move but may affect quality of movement.
2 Moderately atypical:	Influence of primitive or pathological reflexes or abnormal motor patterns which interfere with but do not prevent movement and function; can be partially controlled by inhibition or voluntary control. This may vary with fatigue or illness.
3 Severely atypical:	Reflex activity or primitive patterns dominate motor performance and may prevent voluntary control.

Section B. GROSS MOTOR DEVELOPMENT

B1. Head Control	
Not applicable:	Gross motor function is within normal limits for chronological age or commensurate with global developmental age.
1 Mildly atypical:	When pulled to sit with support at child's shoulders, child gains control in last 10-15 degrees or has a slight delay in righting. Possible interference with daily activities.
2 Moderately atypical:	When pulled to sit with support at child's shoulders, obvious head lag but can recover. Is functional although has obvious deficiency in control which interferes with daily activities. Lack of control may be risk factor in transfers and transportation.
3 Severely atypical:	Little or no voluntary control when head is unsupported (may maintain for 1-3 seconds). Head usually poorly aligned. Lack of head control presents risk for injury in transfers and transportation.

B2. Rolling	
Not applicable:	Gross motor function is within normal limits for chronological age or commensurate with global developmental age.
1 Mildly atypical:	Rolls three feet on level surfaces. May lack rotation.
2 Moderately atypical:	Uses abnormal muscle tone and patterns to roll (i.e., increased flexion of hips, increased extension of legs, increased flexion of arms and pulling down of shoulders, retraction of head and neck). Flaccid lower extremities that follow upper body and arms.
3 Severely atypical:	Unable to roll due to physical limitation. Requires physical assistance.

B3. Creeping (all fours)	
Not applicable:	Gross motor function is within normal limits for chronological age or commensurate with global developmental age
1 Mildly atypical:	Widely abducted legs, sagging trunk and hyperextension of elbow joints or increased hip and knee flexion.
2 Moderately atypical:	Limited reciprocal movement. More weight on one side. Limited hip extension or influence of abnormal patterns of movement (internal rotation plus extension of legs and arms). Bunny hopping. Incomplete hip extension due to muscle weakness.
3 Severely atypical:	Commando crawling with one or both arms or unable to crawl.

B4. Sitting	
Not applicable:	Gross motor function is within normal limits for chronological age or commensurate with global developmental age.
1 Mildly atypical:	Can maintain balance fairly well but may use one hand for support in a variety of sitting positions. Back generally rounded. Lack of trunk rotation. Functionally independent.
2 Moderately atypical:	Can maintain a variety of sitting positions briefly when placed. Frequently relies upon hand support. Limited balance or only uses W-sitting position.
3 Severely atypical:	Cannot maintain sitting positions. Not functional. Requires external support.

B5. Kneeling	
Not applicable:	Gross motor function is within normal limits for chronological age or commensurate with global developmental age.
1 Mildly atypical:	Assumes position independently. Wide base. Wobbly. Tendency toward flexion or hyperextension of hips.
2 Moderately atypical:	Can attain position independently using supports. Cannot maintain upright position without supports. Cannot free hands for functional activities.
3 Severely atypical:	Needs physical assistance from a person to assume or maintain position; extreme flexor pull at hips. Great difficulty keeping trunk extended and maintaining balance.

B6. Half-Kneel	
Not applicable:	Gross motor function is within normal limits for chronological age or commensurate with global developmental age.
1 Mildly atypical:	Wide base. Unsteady balance. Hand on knee for stability.
2 Moderately atypical:	Uses hands to assume position. May include internal rotation and adduction of forward leg or hip sag on weight bearing leg. Much more difficult on one side than the other. Sustains only a few seconds without support.
3 Severely atypical:	Needs a physical assist to assume and maintain position. Abnormal tone or muscle control prevents.

B7. Stand	
Not applicable:	Gross motor function is within normal limits for chronological age or commensurate with global developmental age.
1 Mildly atypical:	Wide-based and unsteady but can independently stand still for at least one minute. Assumes position independently. Hyperextension of knees.
2 Moderately atypical:	Unable to independently stand still for one minute. Uses abnormal tone for stability. Can assume independently but may have difficulties on some surfaces. Lack of symmetrical weight bearing.
3 Severely atypical:	Needs physical assistance from a person to assume or maintain. May require stationary object such as table or couch to lean against.

B8. Functional Gait	
Not applicable:	Gross motor development is within normal limits for chronological age or commensurate with global developmental age.
1 Mildly atypical:	Able to ambulate on relatively level ground, stairs, or ramp independently or with appropriate rail but has some difficulty on uneven ground. Shuffles feet and trips over things.
2 Moderately atypical:	Falls frequently; unstable but ambulates independently. May be an “at home” but not a “community” ambulator. Requires great effort to walk.
3 Severely atypical:	Needs total assistance due to physical involvement; cannot walk. May use wheelchair.

Section C. FINE MOTOR DEVELOPMENT

NOTE: When assessing fine motor development, the child should be seated and/or positioned in a manner consistent with the way in which he/she usually performs the task in the educational setting. For items 1 and 2 both hands are scored independently and the scores are averaged.

C1. Hand Grasp and Release	
Not applicable:	Child's grasp and release abilities are commensurate with global developmental age.
1 Mildly atypical:	Some difficulty with grading movement of hand opening. Some difficulty actively functioning against resistance. Takes slightly longer than normal to achieve task.
2 Moderately atypical:	May use abnormal movement patterns to achieve task. Takes considerably longer than normal to achieve task. Some difficulty in active function against gravity. May have decreased endurance.
3 Severely atypical:	Is unable to grasp when presented with object or when able to grasp, effort and time element make it nonfunctional. Releases involuntarily or cannot release on command. Muscle strength grade is poor or less. Includes total amputation.

C2. Reach	
Not applicable:	Child's reach ability is commensurate with global developmental age.
1 Mildly atypical:	Able to reach object easily. There may be slight inaccuracies.
2 Moderately atypical	Ability or accuracy of reach is limited by lack of shoulder and elbow mobility, stability, strength and/or upper extremity length. May compensate with abnormal movement patterns.
3 Severely atypical:	Ability or accuracy of reach is severely limited by lack of shoulder and elbow mobility, stability, strength and/or upper extremity length. Abnormal movement patterns prevent purposeful reach.

C3. Object Manipulation	
Not applicable:	Child's ability to manipulate objects is commensurate with global developmental age.
1 Mildly atypical:	Able to manipulate and transfer objects. May take slightly longer than normal to achieve tasks. Some difficulty manipulating small objects.
2 Moderately atypical:	Limited variety of object manipulation skills or types of objects child is able to manipulate. Effort and time involved limit function.
3 Severely atypical:	Unable to manipulate objects. May need adaptive devices to accomplish tasks.

C4. Bilateral Hand Use	
Not applicable:	Child's ability to use hands bilaterally is commensurate with global developmental age.
1 Mildly atypical:	Able to use both hands to manipulate objects; associated reactions or weakness may be present but do not interfere with child's ability to do task. Crosses midline.
2 Moderately atypical:	Abnormal movements, or weakness interfere with ability to do task; assisting hand may remain fistled but is used to stabilize object. Bilateral forearm supination is difficult. Difficulty crossing midline.
3 Severely atypical:	Assisting hand is fistled and is not used to stabilize object; arm may often be in abnormal position, either flexed or extended; unable to use as an assisting hand due to flail or missing extremity, or deformities. Does not cross midline.

C5. Functional Handwriting	
Not applicable:	Writing ability of student is commensurate with global developmental age.
1 Mildly atypical:	Able to hold pencil or crayon and form shapes or letters consistent with developmental level with slight difficulty. Expected to do assigned writing in classroom with minimal modifications. Takes slightly longer than normal to achieve task.
2 Moderately atypical:	Due to motor involvement student is able to do limited writing such as tracing or indicate answers with underline, circle, X or other mark, but requires considerably longer to achieve task. Adaptations to writing environment may be necessary. May also need alternative means of written communication such as typewriter or computer.
3 Severely atypical:	Because of severely limited fine motor skills, student is unable to do any functional pencil activities. Writing environment must be modified completely. An alternative means of written communication is necessary, i.e., typewriter or computer using single switch, expanded keyboard, or other extensive adaptations.

Section D. ORAL MOTOR

D1. Oral Coordination/Feeding	
Not applicable:	Normal or may exhibit immature oral motor patterns that are consistent with global delay.
1 Mildly atypical:	Some abnormality observable but not significantly interfering with feeding or breathing (e.g., mouth consistently opened, some drooling, mouth breathing). Poor feeding techniques or lack of experience, but shows little evidence of pathology.
2 Moderately atypical:	Lack of oral coordination interferes with feeding or breathing (e.g., difficulty with eating due to tongue thrust, lack of mouth closure). Requires proper positioning and intermittent use of physical prompts to inhibit abnormal patterns when eating. May require safe feeding protocol or special diet.
3 Severely atypical:	Feeding or breathing very difficult due to severe reflex activity, tongue thrust, or other aspects of abnormal postural tone and alignment or coordination; requires assistance. External oral control necessary to feed child. Safe feeding protocol/special diet required.

D2. Oral Coordination/Articulation	
Not applicable:	No errors or some inconsistent misarticulations, or verbal communication is consistent with global developmental level.
1 Mildly atypical:	Consistent misarticulations which do not interfere significantly with intelligibility or communication.
2 Moderately atypical:	Misarticulations which may interfere with communication and are distractible to some listeners. Phonemes may be stimulated inconsistently.
3 Severely atypical:	Misarticulations which prohibit communication. The individual is unintelligible a majority of the time. Most phonemes are not able to be stimulated. Child is not verbally communicating due to oral motor dysfunction.

D3. Augmentative Communication	
Not applicable:	Verbal communication is commensurate with developmental level.
1 Mildly atypical:	Oral motor limitation minimally impacts ability to communicate effectively in the community. May need augmentative communication system in specific environments.
2 Moderately atypical:	Oral motor function significantly limits verbal communication. Speech understood by primary caretakers but not by peers and other persons. Augmentative communication system needed in conjunction with verbal speech.
3 Severely atypical:	Unable to express self verbally in a manner commensurate with intellectual functioning due to oral motor limitations. Unable to impact environment without augmentative system.

Section E. FUNCTIONAL ABILITIES

E1. Transferring	
Not applicable:	Requires no transfer training or skill not expected given level of disability, chronological or developmental age.
1 Mildly atypical:	Can function independently with adaptive equipment.
2 Moderately atypical	Limitations of balance, range of motion, stability and/or strength interfere with performance; generally requires supervision and/or assistance. Requires adaptive equipment. May not be able to repeat transfers throughout day due to time requirements or lack of endurance.
3 Severely atypical:	Limitations of balance, range of motion, stability and/or strength prevent performance. Always requires total assistance from others.

E2. Mobility with Equipment	
Not applicable:	Requires no mobility equipment or use of mobility equipment not expected due to chronological or developmental age.
1 Mildly atypical:	Can manage on various terrains, curbs, stairs, etc., but may need some supervision or special planning. Speed is slower than that of peers.
2 Moderately atypical:	Can manage on level ground independently but requires some assistance and/or supervision in other areas. Child's speed with aided mobility is too slow to keep up with peers.
3 Severely atypical:	Not independent in use of equipment. Requires total assistance; nonfunctional mobility.

E3. Activities of Daily Living	
Not applicable:	Student's ability to perform activities of daily living is commensurate with global developmental age.
1 Mildly atypical:	Limited fine motor control. May need minor adaptations for independence in self-feeding, dressing, grooming, hygiene, and/or written work.
2 Moderately atypical:	Limitations in range of motion, muscle strength, balance and/or sensation which interfere with independence in activities of daily living. Balance limited because constant use of hand is required for support. Requires adaptive equipment or extended time to complete task. May require some assistance and/or supervision.
3 Severely atypical:	Limitations of range of motion, muscle strength/tone and/or balance prevents independent performance. Total assistance is required for activities of daily living.

E4. Structural Deformity	
Not applicable:	No structural deformity.
1 Mildly atypical:	At risk for deformity because of movement patterns, posture, inconsistent asymmetry or pain. Slight interference with function. Asymmetry with little likelihood of deformity or loss of function. Deformity present but stabilized. Absence of limbs; functions independently with or without a prosthesis.
2 Moderately atypical:	Significant interference with function. Consistent asymmetry or pain or has amputation and is learning to use a prosthesis. May need adaptive equipment.
3 Severely atypical:	Prevents function; health threatening deformity affecting breathing, swallowing, and/or other internal organs; deformity is fixed. Requires extensive adaptive equipment and/or prosthetic planning.

E5. Degenerative Condition*	
Not applicable:	Child does not have a degenerative condition.
1 Mildly atypical:	Child has a degenerative condition and has lost ability to keep up with classroom peers in terms of time completion for many functional activities.
2 Moderately atypical:	Child has a degenerative condition and has lost motor function such that she/he needs moderate accommodations with assistance from another individual for functional participation and/or assistance provided through equipment adaptations/modifications.
3 Severely atypical:	Child has a degenerative condition and has lost significant motor function. Child is totally dependant for participation in and set up for the majority of learning activities.

*Degenerative Conditions (E5) include diagnoses such as Muscular Dystrophy, Mitochondrial Disorders, Neurofibromatosis or other disorders that lead to progressive loss of function over time. Cerebral Palsy, Osteogenesis Imperfecta, Arthrogyriposis, Spina Bifida, etc., would not be included because, although students may lose function, these conditions are not progressive in nature.

Section F. MISCELLANEOUS

F1. Concern for Skin Breakdown	
Not applicable:	No concern regarding skin breakdown.
1 Mildly atypical:	Physical condition and/or activity could lead to skin damage but none currently exists. Student wears well-fitting splints and/or braces. Uses appropriate adaptive equipment.
2 Moderately atypical:	Physical condition or activity will lead to skin damage without awareness and specific care. Poorly fitting appliances, poor circulation evident or decreased sensation.
3 Severely atypical:	Some breakdown already present or recent history of breakdown.

F2. Bowel and Bladder Control	
Not applicable:	Normal or not expected due to developmental or chronological age.
1 Mildly atypical:	Questionable control. Indicates awareness of being wet or soiled.
2 Moderately atypical:	Partial incontinence. Some awareness of having voided. At risk for urinary infections.
3 Severely atypical:	Full incontinence. No awareness of having voided. Has frequent urinary infections.

F3. Bowel and Bladder Management (With Equipment As Need)	
Not applicable:	Is independent or self-management is not appropriate for student's present chronological or developmental age.
1 Mildly atypical:	Is independent in toileting skills but may require supervision and some verbal cues. May need more time to complete.
2 Moderately atypical:	Needs assistance with bowel and bladder management or is learning management program.
3 Severely atypical:	Is not participating in or is incapable of self-management due to physical impairment. Requires total assistance.

F4. Weight in Relation to Functional Ability	
Not applicable:	Weight is within normal limits and is not cause for concern.
1 Mildly atypical:	Condition warrants monitoring of body weight in relation to ability to function.
2 Moderately atypical:	Moderately overweight, underweight or at risk for being impaired by weight. Weight interferes with participation and/or health.
3 Severely atypical:	Severely overweight or underweight. Weight is of significant concern as it prevents participation.

F5. Pain	
Not applicable:	No pain related to the disability or no sensation.
1 Mildly atypical:	Experiences occasional pain related to disability, but it generally does not interfere with physical or mental performance.
2 Moderately atypical:	Experiences pain that may sometimes interfere with physical and/or mental performance.
3 Severely atypical:	Experiences frequent pain that consistently interferes with physical and/or mental performance.

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.

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		$\div 5 =$

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