

## Verification of Disability in the Education Adjustment Program Category of Physical Impairment

Members of the non state school team complete this form collaboratively, ensuring that relevant personnel have been involved in the data gathering and decisions relating to the impairment and activity limitations and participation restrictions for this student.

This verification form is used for verification requests for students enrolled in non state schools only.

This form consists of the following sections which **must** be completed:

- **PART A** Student Details
- **PART B** Evidence Supporting Verification of Disability
- **PART C** Principal Request for Verification of Disability

**Please attach signed EAP consent form and supporting documentation (and medical reports) as appropriate.**

**Email** this completed verification request to: [pi.eap@qed.qld.gov.au](mailto:pi.eap@qed.qld.gov.au)

**Subject line:** EAP Verification Request - Student Name

### PART A: Student Details

Last Name

Date of Birth

First Name

Sex

AIMS ID

EQ ID

Year Level

Non State School

Phone

Address

School contact person

Position

Email Address

Phone

**Existing Categories:**

Nil

ASD

HI

ID

PI

SLI

VI

**This verification request is for:**

Initial Verification (i.e. no previous verifications)

Review of an existing verification

Review of an expired verification (more than 2 years past verification review date on AIMS)

Adding a new category to an existing verification

Removal from an existing category.

**EAP Office Use Only:**

Date Received:

Assigned:

AIMS:

Database:

Archive:



**Part B: Evidence Supporting Verification of Disability in the Education Adjustment Program  
Category of Physical Impairment**

**Criterion 1:** Diagnosis of the musculoskeletal and/or neurological dysfunction affecting the ability of a student to move or coordinate movement.

This section is to be completed and signed by a **registered medical specialist**.

NB: If documentation already exists in the form of a letter or report outlining the student's diagnosis and signed by a medical specialist, please disregard this section and attach the relevant documentation.

**Student Last Name**

**Student First Name**

**Date of Birth**

**Name of Specialist**

**Position:**

Paediatrician

Neurologist

Geneticist

Orthopaedic specialist

Rheumatologist

Other:

**Provider Number**

**Location**

**Address**

**Phone**

**Fax**

**Email contact**

I have assessed this student and have diagnosed him/ her with the following musculoskeletal and/or neurological condition.

**Name of condition**

**Age of onset**

**Medical Specialist Signature**

**Date**

**Other relevant medical history:**

**Criterion 2:** Information provided by the school on the activity limitations and participation restrictions of the diagnosed condition in at least two of the domains of gross mobility, fine mobility, self-care and communication. Information on gross mobility or fine mobility must be at least one of the domains.

This section is to be completed by the **student's teacher** with support from the school team. Information about the physical impairment can be obtained from discussions with the student and/or parent, the Advisory Visiting Teacher, Physical Impairment and school team.

**Educational History**

Please provide a summary statement of relevant educational history e.g. enrolment/program history, other agencies involved, cognitive or other assessment information:

**Complete the table below to provide information relating to the impact of the student's *diagnosed condition* on their ability to move and coordinate movement in the educational setting.**

**Evidence of the educational impact of the identified impairment**

The *Prompts for PI Criterion 2 Form* can be used as a *guide* for the completion of this section  
<http://education.qld.gov.au/student/Documents/prompts-pi.pdf>

**GROSS MOBILITY**

Maintain Positions - Change Positions - Indoor Mobility - Outdoor Mobility

Describe the **student's functioning** related to the **physical impairment**:

Describe the **associated education adjustments**:

**FINE MOBILITY**

Access and transport materials - Manipulate furniture/fittings - Manipulate materials/tools - Produce written output - Access ICTs

Describe the **student's functioning** related to the **physical impairment**:

Describe the **associated education adjustments**:

**SELF-CARE**

Mealtime - Toileting - Hygiene - Clothing Management

Describe the **student's functioning** related to the **physical impairment**:

Describe the **associated education adjustments**:

**COMMUNICATION**

Produce sounds/ verbalisations/ speech - Gesture/Sign - Alternative Augmentative Communication (AAC) [Low tech / High tech]

Describe the **student's functioning** related to the **physical impairment**:

Describe the **associated education adjustments**:

**Criterion 2 Information completed by:**

**Name** (Student's Teacher)

**Signature**

**Date**

**Phone**

**Email**

**Other Persons involved:** (including student and/or parent)

**Name**

**Email**

**Role**

**Name**

**Email**

**Role**

**Name**

**Email**

**Role**

**Name**

**Email**

**Role**

**Part C: Principal Request for Verification of Disability in the Education Adjustment Program Category of Physical Impairment**

Verification of disability in the EAP category of Physical Impairment according to departmental criteria is requested for the following student according to the details outlined in PART A and PART B of this report and the related attachments:

**Student Name**

**School**

**Date of Birth**

In making this request I have ensured that:

- the student is enrolled and attending the school
- a completed *EAP Consent Form* is kept in the student's school file and a copy attached to this verification request
- discussions have been held with the parent and/or student regarding this verification and agreement to proceed has been reached
- appropriate personnel have been involved in data gathering and reporting
- processes are in place to support this student within the school
- all documents for verification are complete
- the original EAP Verification Form is kept in the student's school file
- copies of relevant documents will be sent to the EAP Verification Team
- student details are registered on the Adjustment Information Management System (AIMS).

**Principal Name**

**Email Address**

**Principal Signature**

**Date**