

Special Education Verification Form

Please indicate the number of students who meet the specific disability categories below as indicated on their Individualized Education Plans (IEPs). *For the purpose of this form, students should only be represented by one category. If a student has more than one disability addressed on his or her IEP, please use the primary disability. It is not necessary to include students who are not represented by one of the categories below. To meet programmatic requirements, there must be at least six special education students in the classroom.*

| Disability Category | Number of Students with a Mild to Moderate disability in: | Number of Students with a Severe to Profound disability in: |
|---|---|---|
| Autism (A) | | |
| Developmental Delay (DD) | | |
| Emotional Disability (ED) | | |
| Multiple Disabilities (MD) | | |
| Mild Intellectual Disabilities (MIID) | | |
| Moderate Intellectual Disabilities (MOID) | | |
| Other Health Impairment (OHI) | | |
| Orthopedic Impairment (OI) | | |
| Specific Learning Disability (SLD) | | |
| Speech/Language Impairment (SLI) | | |
| Traumatic Brain Injury (TBI) | | |
| Total: | | |

For disability category definitions, please refer to the Arizona Department of Education at <http://www.azed.gov/special-education/resources/forms/>

_____ **Total number of all students in the classroom**

Please print and sign this document verifying the accuracy of the numbers provided. The completed form should be submitted to your Education Program Specialist.

Student Teacher Name

Cooperating Teacher Signature

Grade Level(s)

Date