

***Walking Limitation:**

N/A

- ☐ Is unable to walk 200 feet without stopping to rest.
- ☐ Is unable to walk without use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device.

Seeing Limitation:**Visual Acuity 20/25 - bothAssistive devices used by the student w/glassesHearing Limitation:***(Include an audiogram)*

- ☐ Needs a sign language interpreter

Assistive devices used by the student N/A

8. Describe any ongoing medical or therapeutic treatment, and indicate how the treatment might affect the student academically.

N/A

9. List current medication(s), impact, and adverse side effects.

N/A