Report of Physical Observation (ROPO)

The *Report of Physical Observation (ROPO)* documents an examination by a qualified healthcare provider (i.e., physician or nurse practitioner) to determine if a child has any significant physical/health impairments and/or injuries that should be considered by the Multidisciplinary Evaluation Team (MET) in their determination of eligibility and, if eligible, in the development of an Individualized Education Program (IEP). The *Report of Physical Observation*, or a similar form containing the same information, must be used when considering eligibility under the following disability categories: Developmental Delay (DD) – Diagnosed Disorder, Language/Speech Impairment–Voice (L/S-Voice), Orthopedic Impairment (OI), Other Health Impairment (OHI)*, or Traumatic Brain Injury (TBI).

1. The *Report of Physical Observation* must document any problems that might affect the child's performance on psychological and educational evaluations, such as side effects of medication and/or poor motor control.

2. The *Report of Physical Observation* must document any problems that would require special planning for or adaptations of the child's program, such as the need for leg braces or a wheelchair.

3. The specialty of the healthcare provider who completes the examination must be recorded along with the provider's signature and the date on the bottom of the form.

4. The Report of Physical Observation should not delay the evaluation process for a student with DD. The committee must document attempts to get *ROPO* and utilize the preponderance of data to determine eligibility. If the *ROPO* is available after eligibility, the committee must reconvene to consider the data. The *ROPO* is not required for a DD ruling unless the child has a diagnosed disorder that needs to be considered. Districts should consider a *ROPO* in all cases for a potential DD ruling.

** NOTE: For an OHI eligibility for ADHD, a diagnostic report from a physician or a nurse practitioner is not required.*

Report of Physical Observation

PERSONAL DATA			
Child's Name:	**Race/Ethnicity:**	**Gender:**	**DOB:**
District/School:	**MSIS #:**	**Grade:**	**Age:**

IMPAIRMENTS OR INJURIES

Describe any congenital or acquired impairment(s) in the child's general physical condition, fine and gross motor skills, hearing, vision, orofacial functioning, and/or physical/health problems (e.g., allergies, diabetes, asthma) or any injuries that impact cognition, language, memory, attention, reasoning, abstract thinking, judgment, problem-solving, sensory, perceptual and motor abilities, psychosocial behavior, physical functions, information processing, and/or speech, if any.

MEDICATIONS

List any medications that have been prescribed for the child, dosages, and potential side effects, particularly any that may impact classroom performance and/or educational testing.

LIMITATIONS AND PRECAUTIONS

Describe any limitations or precautions to consider when planning educational services, such as restrictions on mobility, activity, speech, equipment/adaptations, etc.

RECOMMENDATIONS FOR SCHOOL-BASED SERVICES

Describe any recommendations to consider when planning educational services, such as adaptive physical education, physical therapy, occupational therapy, speech/language therapy, mobility training, functional/self-care education, etc.

Healthcare Provider Specialty: _____

Signature: _____ **Date:** _____