|  |  |
| --- | --- |
| Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Categories of Special Education Assessment

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  | 1M |  I |  C |  I |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | 2E |  |  | 3P |  | 4D |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  D |  | 5H |  I |  |  B |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  | 6I |  | 7L |  |  | 8M |  | 9O |  | 10O |  | 11A |  | 12V |  |  |  |
|  |  |  |  E |  |  R |  | 13L |  D |  |  I |  |  C |  | 14S |  L |  I |  |  |  |
|  |  |  |  P |  |  E |  |  |  |  |  |  |  D |  |  D |  |  |  |  |  |
|  |  |  |  |  |  |  | 15B | 16I |  P |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  | 17T |  |  |  D |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  B |  |  |  E |  | 18O |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  I |  |  | 19A |  D |  H |  D |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  I |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

|  |  |
| --- | --- |
| **Across****1.** Mild Cognitive Impairment**5.** Hearing Impairment**13.** Learning Disabilities**14.** Speech Language Impairment **15.** Behavior Intervention Plan**19.** Attention Deficit Hyperactivity Disorder | **Down****2.** Emotional Disability**3.** Physical Impairment**4.** Deaf-Blind**6.** Individual Education Plan**7.** Least Restrictive Environment**8.** Mental Disabilities**9.** Orthopedic Impairment**10.** Obsessive Compulsive Disorder**11.** Autism Spectrum Disorder**12.** Visual Impairment**16.** Individuals with Disabilities Education Act **17.** Traumatic Brain Injury**18.** Other Health Impairment |