

Virginia Alternate Assessment Program (VAAP) Learner Characteristics Inventory (LCI)

Students Name	
Students STI #	
Grade Level	
Primary Disability Label	
Secondary Disability Label	
Teacher Name	
Phone/Email	

Typical characteristics of students who represent the 1% of the population who should participate in the VAAP are outlined in the following questions. IEP teams are responsible for discussing these characteristics and making decisions about whether the student demonstrates significant cognitive disabilities. It is important to keep in mind that it is the combination of some or all of these characteristics that may justify a decision for the student to participate in VAAP. Having deficits in one area will not be adequate to justify such a decision. Please carefully review the student's record to determine if there is documentation of these learner characteristics. Documentation may include reports from teachers, physicians, therapists, and other specialists within the school division, such as school psychologists. For those questions that are answered with a yes response, please indicate the specifics of the impairment or provide additional or clarifying information.

Sensory Impairments			
Vision Impairments:		Hearing Impairments:	
The student has a documented vision impairment as indicated by reports from a physician, vision teacher, ophthalmologist, or other qualified person to test for vision loss. Reports indicate that vision impairment is the result of:		The student has a documented hearing loss as indicated by reports from a physician, teacher of the hearing impaired, audiologist, or other qualified person to test for hearing loss. Reports indicate that hearing impairment is the result of:	
	Check All That Apply to the Student		Check All That Apply to the Student
1. Low vision	<input type="checkbox"/>	1. The student has a mild hearing loss	<input type="checkbox"/>
2. Legally Blind	<input type="checkbox"/>	2. The student has a moderate hearing loss	<input type="checkbox"/>
3. Reduced field of vision	<input type="checkbox"/>	3. The student has a severe hearing loss	<input type="checkbox"/>
4. Cortical Vision Impairment	<input type="checkbox"/>	4. The student has a profound hearing loss	<input type="checkbox"/>
5. The student has no vision impairments	<input type="checkbox"/>	5. The student has no hearing impairment	<input type="checkbox"/>
The student has a documented impairment in processing sensory information			
Reports indicate that problems with sensory information may result in:			
The student reacts negatively to certain types of sensory information resulting in avoidance or disengagement from some activities. Please explain:			YES <input type="checkbox"/> /NO <input type="checkbox"/>
1. The student's difficulty in modulating his/her energy level interferes with participation in learning activities. Student may appear to be very lethargic or very over-stimulated.			YES <input type="checkbox"/> /NO <input type="checkbox"/>

Motor Impairments:	
The student has documented fine motor impairments that negatively impact his/her ability to participate in academic activities, access learning materials, and engage in classroom and school routines. Please Explain:	YES <input type="checkbox"/> /NO <input type="checkbox"/>
1. The student has documented gross motor impairments that negatively impact posture, mobility, participation in daily living routines, physical activities, and classroom routines. Please Explain:	YES <input type="checkbox"/> /NO <input type="checkbox"/>
Medical Needs:	
1. The student has documented on-going health/medical issues that interfere with learning and school attendance. Please Explain:	YES <input type="checkbox"/> /NO <input type="checkbox"/>

Communication Impairments :			
1. The student has documented communication impairments that result in difficulties in learning and interacting with peers and adults			YES <input type="checkbox"/> /NO <input type="checkbox"/>
The student understands information presented through:		The student expresses information and makes choices by:	
Sentences	YES <input type="checkbox"/> /NO <input type="checkbox"/>	Sentences	YES <input type="checkbox"/> /NO <input type="checkbox"/>
Simple phrases	YES <input type="checkbox"/> /NO <input type="checkbox"/>	Simple phrases	YES <input type="checkbox"/> /NO <input type="checkbox"/>
Single words	YES <input type="checkbox"/> /NO <input type="checkbox"/>	Single Words	YES <input type="checkbox"/> /NO <input type="checkbox"/>
Gestures	YES <input type="checkbox"/> /NO <input type="checkbox"/>	Vocalizations	YES <input type="checkbox"/> /NO <input type="checkbox"/>
Signs	YES <input type="checkbox"/> /NO <input type="checkbox"/>	Gestures	YES <input type="checkbox"/> /NO <input type="checkbox"/>
Pictures and line drawing	YES <input type="checkbox"/> /NO <input type="checkbox"/>	Signs	YES <input type="checkbox"/> /NO <input type="checkbox"/>
Tactile cues	YES <input type="checkbox"/> /NO <input type="checkbox"/>	Pictures	YES <input type="checkbox"/> /NO <input type="checkbox"/>
Please Explain:	Body language		YES <input type="checkbox"/> /NO <input type="checkbox"/>
	Pushing/pulling on adults		YES <input type="checkbox"/> /NO <input type="checkbox"/>
	Assistive Technology		YES <input type="checkbox"/> /NO <input type="checkbox"/>
	Please Explain:		

Cognitive Impairments			
IQ Scores		Adaptive Behavior Scores	
1. The student's IQ score is in the mild mental retardation range (55-70)	YES <input type="checkbox"/> /NO <input type="checkbox"/>	1. The student is testing above a mean score of 55 (55 -100) on a norm referenced adaptive behavior instrument	YES <input type="checkbox"/> /NO <input type="checkbox"/>
2. The student's IQ score is in the moderate mental retardation range (40-55)	YES <input type="checkbox"/> /NO <input type="checkbox"/>	2. The student is testing at a range of 40-55 mean score on a norm referenced adaptive behavior instrument	YES <input type="checkbox"/> /NO <input type="checkbox"/>
3. The student's IQ score is in the severe mental retardation range (25 - 40)	YES <input type="checkbox"/> /NO <input type="checkbox"/>	3. The student is testing at a range below 25 mean score on a norm referenced adaptive behavior instrument	YES <input type="checkbox"/> /NO <input type="checkbox"/>
4. The student's IQ score is in the profound mental retardation range (25 and below)	YES <input type="checkbox"/> /NO <input type="checkbox"/>	4. There has been no adaptive behavior testing	YES <input type="checkbox"/> /NO <input type="checkbox"/>
5. The student is testing above a 70 IQ score	YES <input type="checkbox"/> /NO <input type="checkbox"/>	Please explain:	
6. There has been no IQ testing	YES <input type="checkbox"/> /NO <input type="checkbox"/>		
7. The student has been unable to participate in IQ testing.	YES <input type="checkbox"/> /NO <input type="checkbox"/>		
Please explain:			

Social Skills			
The student has documented and significant deficits in social skills, resulting in difficulties in interacting with adults and peers			YES <input type="checkbox"/> /NO <input type="checkbox"/>
Social skills deficits are evident in:			
1. Difficulties developing age- appropriate play/leisure skills	YES <input type="checkbox"/> /NO <input type="checkbox"/>	2. Difficulties in forming friendships	YES <input type="checkbox"/> /NO <input type="checkbox"/>
		3. Presence of inappropriate behaviors that interfere with 1:1, small- group, and large- group instruction	YES <input type="checkbox"/> /NO <input type="checkbox"/>
Please explain:			

Learning Challenges

1. The student has difficulty learning new skills.	YES <input type="checkbox"/> /NO <input type="checkbox"/>	3. The student requires a great deal of prompting.	YES <input type="checkbox"/> /NO <input type="checkbox"/>
2. The student has difficulty generalizing skills.	YES <input type="checkbox"/> /NO <input type="checkbox"/>	4. The student has difficulty retaining information.	YES <input type="checkbox"/> /NO <input type="checkbox"/>
4. Activities must be adapted for the student. Explain:			YES <input type="checkbox"/> /NO <input type="checkbox"/>

Student uses Assistive Technology – Please Describe: