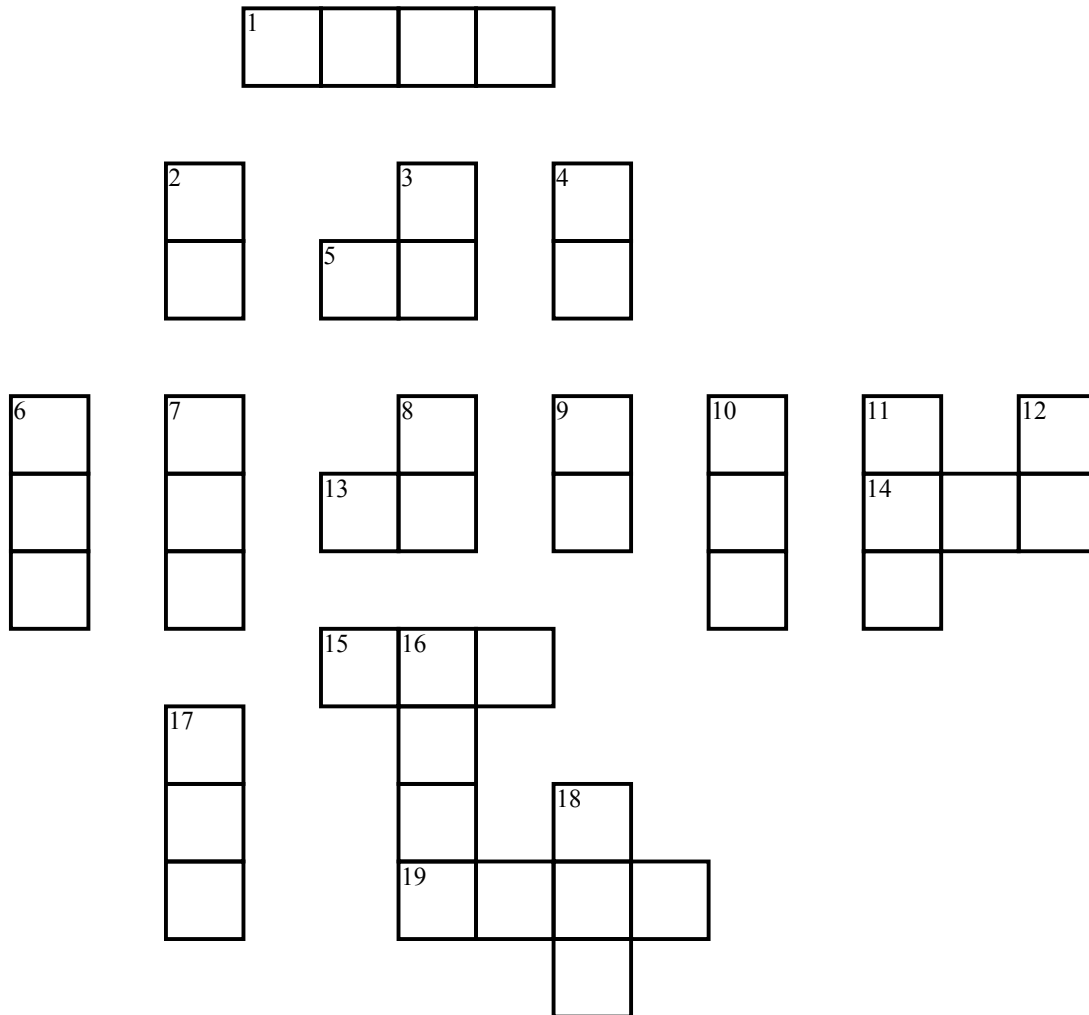


Name: \_\_\_\_\_

Date: \_\_\_\_\_

# Categories of Special Education Assessment



## 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