

Disability Worksheet: Deafness

Student Information	
Student: Local ID: State USI: Last Eligibility Meeting Date:	Date of Birth: Grade: Last IEP Annual Review Meeting Date:
LEA/ School Information	
LEA of Enrollment: School/ Site: School Address:	Case Manager: School Phone:

Teams should use the following checklist as a tool to facilitate discussion about the determination of eligibility for deafness. Teams are expected to use evidence including evaluation information and other existing data to confirm or deny each criterion in order to make a differential determination of eligibility.

Deafness
<p>State definition: Deafness shall mean a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification and that adversely affects a child's educational performance.</p> <p>Federal and state regulations references: 34 CFR §300.8(c)(3), 5-A DCMR §3001.3</p>

Directions: Check the box below if the team has evidence to show that the student meets the following criteria. The student must meet all criteria to be eligible for deafness.

Eligibility Criteria	
1.	The child displays an impairment in processing linguistic information through hearing, with or without amplification.
2.	The hearing impairment adversely impacts the student's educational performance.
	Identify the source of current data used to make a determination regarding this criterion: _____.

Decision
The team reviewed all relevant evaluation and other existing data and determined that: _____The student meets all of the criteria for deafness. _____The student does not meet all of the required criteria for deafness.
Date of Decision: _____