

Disability Worksheet: Hearing Impairment

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 hearing impairment. 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.

Hearing Impairment
<p>State definition: Hearing impairment shall mean a permanent or fluctuating deficit in hearing that adversely affects a child's educational performance.</p> <p>Federal and state regulations references: 34 CFR §300.8(c)(5); 5-A DCMR §3011.6</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 hearing impairment.

Eligibility Criteria	
1.	The student displays a permanent or fluctuating deficit in hearing.
2.	The hearing impairment adversely impacts the student's education 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 hearing impairment. _____ The student does not meet all of the required criteria for hearing impairment.
Date of Decision: _____