Your School/District _____

Your City _____

Team Evaluation Summary Report and Written Prior Notice of Eligibility Determination: Hearing Impairment/Deafness

SpEd 5f 04.08

Student _____ Date of meeting _____

School _____ Grade _____ DOB _____

Definition: DEAFNESS: A hearing impairment that is so severe that the student is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects a student's educational performance. HEARING IMPAIRMENT: An impairment in hearing, whether permanent or fluctuating, that adversely affects a student's educational performance, but that is not included under the definition of deafness.

☐ **All requirements of Rule II.J.5 must be documented below or attached.**

☐ Team determined that learning needs exist, other than those directly related to the loss of hearing . ☐ Yes ☐ No

☐ Type of deafness or hearing loss is: ☐ conductive ☐ sensorineural ☐ mixed

☐ Team determined that a central nervous system impairment, functional hearing loss, cortical hearing impairment, or auditory processing disorder is causing the student to appear as a student with a hearing impairment or deafness. ☐ Yes ☐ No

Assessment Information for Classification: Indicate evaluation (formal and informal), date, and results for each area assessed.

1. Audiological evaluation (may include audiometric, OAE, ABR, functional assessment of auditory abilities)
2. Language growth and develop-Ment (signed, spoken, written)
3. Speech and language evaluation
4. Academic achievement data
5. Areas of evaluation to consider (as appropriate, mark N/A if team determined not needed)
   a. Intellectual ability _____
   b. Adaptive assessment _____
6. Information from parents _____

- Is a lack of instruction in reading or math the primary factor in determining eligibility? ☐ Yes ☐ No
- Is limited English proficiency the primary factor in determining eligibility? ☐ Yes ☐ No
- Relevant medical problems? ☐ Yes ☐ No If yes, specify: _____

Written Prior Notice for Eligibility Determination

The Procedural Safeguards included with this notice afford you protection. If you have any questions regarding this notice or Procedural Safeguards, contact the principal or the special education teacher at the student's school.

Based on the evaluation data, the eligibility team proposes the following action:

☐ This student has a Hearing Impairment/Deafness, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and requires special education and related services.

☐ This student does **not** have a Hearing Impairment/Deafness, as defined in the Individuals with Disabilities Education Act (IDEA), that adversely affects educational performance and does not require special education and related services.

_____ _____

Special Education Teacher Signature Date Parent/Adult Student Signature Date
(signature acknowledges receipt of copy)

_____ _____

Signature Date Signature Date

*Note: If parent/adult student signature is missing, then parent/adult student: ☐ Did not attend (document efforts to involve parent/adult student) **OR** ☐ Participated via telephone, video conference or other means **AND** ☐ Copy of this document was mailed to parent/adult student on (date)_____