



Student:	Student UID#	DOB:
School:	Grade:	Age:

**ELIGIBILITY WORKSHEET – DEAFNESS**

The required screenings and formal evaluations required to determine eligibility are as follows:

Date	Evaluation/Screening	Summary of Evaluations/Screening
	Vision	<input type="checkbox"/> Pass <input type="checkbox"/> Fail      Far: R 20/___ L 20/___ Near: R 20/___ L 20/___ Comment: _____
	Motor	
	Observations of Academic/Functional Skills across settings	
	Parent Conference(s)	
	Social/Developmental History	
	Educational	
	Communication (receptive, expressive and augmentative)	
	Audiological	
	Otological	



	Other:	
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**As a result of the required screenings, evaluations and review of existing information, what do we now know about the student?**

**Strengths**

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**Needs**

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**To be determined eligible in the disability category of Deafness, a child must have:**

<b>Characteristic</b>	<b>Documentation/Summary</b>
A deficiency in hearing as demonstrated by the elevated threshold of auditory sensitivity to pure tones or speech	

**What is the adverse effect on educational performance?**

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**What evidence exists that the student requires specially designed instruction?**

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**After completing the Eligibility Worksheet, the IEP Team must determine eligibility.**(Complete the Eligibility Report)