



ELIGIBILITY WORKSHEET – HEARING IMPAIRMENT

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

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

Date	Evaluation/Screening	Summary of Evaluations/Screening
	Vision	Pass 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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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)