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

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 development (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 (Black Rules pp.73-74)
    The Procedural Safeguards under Part B of the IDEA you received previously afford you protection. You may request another copy of the Procedural Safeguards from the special education teacher. 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.

The following options were considered and rejected for these reasons:

Other factors that are relevant to this eligibility classification proposal:

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

Notice in Understandable Language:
Federal regulations require that parents and adult students be provided prior notice in their native language or other mode of communication each time the LEA proposes or refuses to initiate or change the identification, evaluation, or educational placement of your child/you or the provision of a free appropriate public education (FAPE) to your child/you, or upon conducting a manifestation determination.

If the native language or other mode of communication of the parent/adult student is not a written language:

☐ The notice was translated orally or by other means to the parent/adult student in his/her native language or other

mode of communication on:_____ by:_____

☐ Parent/adult student verify to the translator that he/she understands the content of this notice.

_____   _____
Signature of Interpreter, if used   Date

_____   _____
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)_____