

**Kearsarge Regional School District
114 Cougar Court
New London, NH 03257**

DEAF-BLINDNESS ELIGIBILITY CHECKLIST

Student's Name:	Grade:
Date of Meeting:	DOB:

Deaf-Blindness (34 C.F.R 300.8 (c)(2)): Deaf-blindness means concomitant hearing and visual impairments, the combination of which causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness.

ELIGIBILITY QUESTIONS - Answer ALL questions. Do not stop until ALL are answered.

1. The student has a hearing impairment and a visual impairment.		YES		NO
Evidence (please attach completed Deafness or Hearing Impairment Eligibility and Visual Impairment Eligibility Forms):				

*To be eligible, the answer to Question 1 must be **yes**. Proceed to the next question.*

2. The combination of these impairments causes severe communication and other developmental and educational needs that cannot be accommodated in special education programs solely for children with deafness or blindness.		YES		NO
Evidence:				

*To be eligible, the answer to Question 2 must be **yes**. Proceed to the next question.*

3. Is there documentation of adverse effect on educational performance due to characteristics identified in Question 1?		YES		NO
Description of adverse effect:				

To be eligible, the answer to Question 3 must be **yes**. Proceed to the next question.

4. Evaluation confirms that that limited English proficiency was NOT a determinant factor in the eligibility decision?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

To be eligible, the answer to Question 4 must be **yes**. Proceed to the next question.

5. Evaluation confirms that lack of appropriate instruction in reading and/or math was NOT a determinant factor in the eligibility decision?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

To be eligible, the answer to Question 5 must be **yes**. Proceed to the next question.

6. If there is a deaf-blindness impairment, does the child require specially designed instruction because of that impairment?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

To be eligible, the answer to Question 6 must be **yes**. Proceed to Determination.

DETERMINATION: The Team used the above evaluation data to determine:

The student has been determined to have a deaf-blindness impairment, and is eligible for special education services.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
The student has been determined to have a deaf-blindness impairment, but is not eligible for special education services at this time.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
The student does not meet requirements to be identified with a deaf-blindness impairment and is not eligible for special education services.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

TEAM MEMBER SIGNATURES:

I am in agreement with the above conclusions:

Name	Title

I am NOT in agreement with the above conclusions. *(Dissenting team members shall submit a separate, written statement).*

Name	Title