

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

DEAFNESS ELIGIBILITY CHECKLIST

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

Deafness (34 C.F.R 300.8 (c)(3)): Deafness means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification, that adversely affects the child's educational performance.

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

1. The student has a hearing impairment as determined by an evaluation by a licensed audiologist, otolaryngologist, or otologist.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Evidence:				

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

2. Are there deficits that exist in processing linguistic information through hearing, with or without amplification?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Evidence:				

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

3. Evaluation information confirms that there is an adverse effect on the student's educational performance.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

*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 Determination.

6. If there is a hearing impairment of deafness, 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 hearing impairment of deafness, and is eligible for special education services.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
The student has been determined to have a hearing impairment of deafness, 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 hearing impairment of deafness and is not eligible for special education services.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

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