

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

HEARING IMPAIRMENT ELIGIBILITY CHECKLIST

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

Hearing Impairment (34 C.F.R 300.8 (c)(5)): Hearing impairment means an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but that is not included under the definition of deafness in this section.

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

1. The student has an impairment in hearing, whether permanent or fluctuating, that is <u>not</u> included under the definition of deafness.		YES		NO
Evidence:				

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

2. Is there documentation of an adverse effect on educational performance, due to the impairment identified in Question 1?		YES		NO
Description of adverse effect:				

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

3. Evaluation confirms that that limited English proficiency was NOT a determinant factor in the eligibility decision?		YES		NO

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

4. Evaluation confirms that lack of appropriate instruction in reading and/or math was NOT a determinant factor in the eligibility decision?		YES		NO

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

5. If there is a hearing impairment, does the child require specially designed instruction because of that impairment?		YES		NO

To be eligible, the answer to Question 5 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, and is eligible for special education services.		YES		NO
The student has been determined to have a hearing impairment, but is <u>not</u> eligible for special education services at this time.		YES		NO
The student <u>does not</u> meet requirements to be identified with a hearing impairment and is <u>not</u> eligible for special education services.		YES		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