

Deaf-Blindness

Assessment Documentation

School District _____
 Student _____

School _____
 Date of Birth ___/___/___

Grade _____
 Age _____

1. Definition		
<ul style="list-style-type: none"> • Evidence of concomitant hearing and visual impairments so that the combination causes such severe communication and other developmental and educational needs that they cannot be accommodated in special education programs by addressing any one of the impairments. The child has at least one (1) of the following: 		
<ul style="list-style-type: none"> ○ met criteria for Deafness/Hearing Impairment and Visual Impairment 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ○ diagnosis of a degenerative condition or syndrome which will lead to Deaf-Blindness, with the present level of functioning adversely affected by both hearing and vision deficits 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ○ severe multiple disabilities due to generalized central nervous system dysfunction; the student exhibits auditory and visual impairments or deficits which are not perceptual in nature 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Evaluation Procedures for Deafness or Hearing Impairments		
<ul style="list-style-type: none"> • audiological evaluation 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • evaluation of speech and language performance 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • evaluation of school history and levels of learning or educational performance related to Deafness/Hearing Impairment 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • observation of the child's auditory functioning and classroom performance 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • documentation, including observation and or assessment, of how Deafness/Hearing Impairment adversely affects the child's educational performance and the need for specialized instruction 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Evaluation Procedures for Visual Impairments		
<ul style="list-style-type: none"> • eye exam and evaluation that includes documentation of eye condition with best possible correction and etiology, diagnosis, and prognosis 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Written Functional Vision and Media Assessment		
<ul style="list-style-type: none"> • observation of visual behaviors - school, home, other 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • educational implications of eye condition (from eye report) 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • assessment and/or screening - expanded core curriculum skills 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • evaluation of school history and levels of educational performance related to visual impairment including student, teacher, and parent interviews 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • assessment of learning media to determine primary learning style including reading, writing, listening, and tactile skills 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • assessment of visual functioning 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> • medical statement confirming condition or syndrome leading to Deaf-Blindness and prognosis - if yes, complete below 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Name of Physician _____		Date of report _____
<ul style="list-style-type: none"> • expanded core curriculum skills assessment 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ○ nine areas associated with visual impairment 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ○ in addition, areas related to deafness/hearing impairment 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

