

Deafness/Hearing Impairment

Assessment Documentation

School District _____
 Student _____

School _____
 Date of Birth ___/___/___

Grade _____
 Age _____

1. Definition - Deafness		
<ul style="list-style-type: none"> ▪ 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 a child’s educational performance; the student exhibits one (1) or more of the following characteristics: 		
<ul style="list-style-type: none"> ○ an inability to communicate effectively due to Deafness; 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ○ an inability to perform academically on a level commensurate with the expected level due to Deafness; 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ○ delayed speech and/or language development 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. Definition - Hearing Impairment		
<ul style="list-style-type: none"> ▪ an impairment in hearing, whether permanent or fluctuating, that adversely affects a child’s educational performance but does not include Deafness; the student exhibits one (1) or more of the following characteristics: 		
<ul style="list-style-type: none"> ○ inability to communicate effectively due to a Hearing Impairment 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ○ inability to perform academically on a level commensurate with the expected level because of a Hearing Impairment 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<ul style="list-style-type: none"> ○ delayed speech and/or language development due to a Hearing Impairment 	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Evaluation Procedures		
<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 	<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 (observation and/or assessment) of how Deafness or Hearing Impairment adversely impacts the child’s educational performance in his/her learning environment 	<input type="checkbox"/> Yes	<input type="checkbox"/> No

_____/_____/_____
 Signature of Assessment Team Member Role Date

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