

## School Administrative Unit #24

Districts of

Stoddard      Henniker      Weare      John Stark

### **DEAF-BLINDNESS ELIGIBILITY DETERMINATION FORM**

**Student:**

**Date:**

**DOB:**

**School:**

**Grade:**

The Special Education team compared and analyzed evaluation data and documents the following interpretation:

1. ☐ YES    ☐ NO    Student has a condition of deafness; and (attach Deafness Eligibility form)
- 1a. ☐ YES    ☐ NO    Student has a Visual Impairment. (attach Visual Impairment Eligibility form)
2. ☐ YES    ☐ NO    The combination of the two impairments causes such severe communication, and other development and educational needs that the student cannot be accommodated in special education programs designed solely for children with deafness or children with blindness.
3. ☐ YES    ☐ NO    Evaluation information confirms there is an adverse effect on educational performance.

Supporting Evidence:

4. ☐ YES    ☐ NO    Evaluation information confirms that limited English proficiency was not a determinant factor in the eligibility decision.
5. ☐ YES    ☐ NO    Does the student require specialized instruction?

The Special Education Team used the above determination of the evaluation data to determine:

- ☐ The student has a disability of Deaf-Blindness and requires special education and related services in order to benefit from education.
- ☐ The student has a disability of Deaf-Blindness and does not require specialized instruction.
- ☐ The student does not have a disability of Deaf-Blindness.
- ☐ Evaluation data was insufficient to determine eligibility. Additional assessments and/or data in the area(s) of:  
will be obtained/collected. The Special Education Team will reconvene by  
to review and determine eligibility.