

## School Administrative Unit #24

Districts of

Stoddard

Henniker

Weare John Stark

### **DEAFNESS 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 The student has a hearing impairment, whether permanent or fluctuating, as determined by an evaluation by a licensed audiologist (attached) and
- 1a. ☐ YES ☐ NO Deficits exist in processing linguistic information through hearing, with or without amplification.
2. ☐ YES ☐ NO Evaluation information confirms there is an adverse effect on educational performance.

Supporting Evidence:

3. ☐ YES ☐ NO Evaluation confirms that limited English proficiency was not a determinant factor in the eligibility decision.
4. ☐ 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 Deafness and requires special education and related services in order to benefit from education.
- ☐ The student has a disability of Deafness and does not require specialized instruction.
- ☐ The student does not have a disability of Deafness.
- ☐ 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.