| **Student Name** | **DOB** | **SSID** |
| --- | --- | --- |
|  |  |  |
| **EI/ECSE Program** | **County** | **School District** |
|  |  |  |

**Comprehensive Evaluation**

If a child is suspected of having deafblindness, a comprehensive evaluation must be conducted for early intervention services including the following (attach evaluation report that describes and explains the results of the evaluation conducted):

1. The team has reviewed existing information, including information from the parent(s), the student’s cumulative records, and individualized family service plans.Evaluation documentation includes relevant information from these sources used in the eligibility determination.

| **Date Reviewed** |
| --- |
|  |

1. Eligibility for early intervention services as a child with visual impairment.

| **Date of Eligibility Statement** |
| --- |
|  |

3. Eligibility for early intervention services as a child who is deaf or hard of hearing.

| **Date of Eligibility Statement** |
| --- |
|  |

4. For a child who meets the minimum criteria for either deaf or hard of hearing or visual impairment, but demonstrates inconsistent or inconclusive responses in an assessment of one sensory area, a functional assessment must be administered by an educator of the visually impaired or an educator of the deaf or hard of hearing, as appropriate.

| **Examiner** | **Assessment** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- | --- |
|  |  |  |  |

5. For a child who meets the minimum criteria for either deaf or hard of hearing or visual impairment, and has a degenerative disease or pathology that affects the acuity of the other area, documentation of a medical examination as defined OAR 581-015-2000.

| **Physician, Naturopathic Physician, Physician Assistant, or Nurse Practitioner** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- |
|  |  |  |

**Eligibility Criteria**

To be eligible as a child with deafblindness, the child must have impairments in both hearing and vision, the combination of which causes such severe communication and other developmental needs that the child cannot be accommodated in special education programs designed solely for students who are deaf or hard of hearing or have a visual impairment. To be eligible for early intervention services, the child must meet at least one of the following minimum criteria:

| [ ] Yes | [ ] No | The student meets eligibility criteria for both deaf or hard of hearing and vision impairment; or |
| --- | --- | --- |
| [ ] Yes | [ ] No | The student meets eligibility criteria for either deaf or hard of hearing or vision impairment, but demonstrates inconclusive or inconsistent responses in the other sensory area. A functional assessment in the other sensory area substantiates the presence of an impairment in that area; or |
| [ ] Yes | [ ] No | The student meets the minimum criteria for either hearing or vision impairment and has a degenerative disease or pathology that affects the acuity of the other sensory area. |

| **Eligibility Determination**The team has determined that:  |
| --- |
| The child has deafblindness as defined in this rule; and | [ ]  Yes | [ ]  No |
| By reason thereof, the child requires early intervention services (OAR 581-015-2780) | [ ]  Yes | [ ]  No |

The team determined that this child:

* [ ]  Does qualify for early intervention services with an eligibility of deafblindness.
* [ ]  Does not qualify for early intervention services with an eligibility of deafblindness.

| **Signature** | **Title** | **Agree** | **Disagree** |
| --- | --- | --- | --- |
|  |  |[ ] [ ]
|  |  |[ ] [ ]
|  |  |[ ] [ ]
|  |  |[ ] [ ]
|  |  |[ ] [ ]
|  |  |[ ] [ ]
|  |  |[ ] [ ]

[ ]  A copy of the evaluation report and the eligibility statement has been provided to the parent(s).

**This form is used to:**

Document whether the child meets the eligibility criteria for deafblindness and the basis for that determination in accordance with 34 CFR §300.8, OAR 581-015-2780, and OAR 581-015-2140.

Meet the following requirements, regarding the need to establish eligibility for special education and related services:

OAR 581-015-2100 (Responsibility for Evaluation and Eligibility Determination);

OAR 581-015-2105 (Evaluation and Reevaluation Requirements);

OAR 581-015-2110 (General Evaluation and Reevaluation Procedures);

OAR 581-015-2115 (Evaluation Planning);

OAR 581-015-2120 (Determination of Eligibility);

OAR 581-015-2125 (Interpretation of Evaluation Data);

OAR 581-015-2775 (EI Evaluations);

OAR 581-015-2780 (EI Eligibility);

Document the date the initial eligibility was established and/or re-established.

Provide a place for the team to sign the statement and indicate whether or not each member agrees or disagrees with the eligibility determination; and

Document that the parent was given a copy of evaluation report(s) and eligibility statement.

**Directions:**

Enter the date the form was completed by the team.

Enter the date of initial eligibility and/or re-establish eligibility.

Enter the child’s name.

Enter the child’s date of birth.

Enter the child’s SSID number.

Enter the child’s school district.

Enter the child’s school.

Enter the child’s grade level at the time of completing the form.

Document the completion of the required evaluation elements.

Review and record responses for all components of the eligibility criteria.

Review and record responses for all components of the eligibility determination.

Indicate if the child meets or does not meet the eligibility criteria.

Have all team members sign and indicate title, date, and whether they agree or disagree that the child qualifies.

Place a copy of this form with all attachments into the child’s file.

Give a copy of the evaluation report and eligibility statement to the parent/guardian(s).

*Note:* If the team is using existing data, indicate the assessment information used, and the date the team determines this information to be currently valid. Attach documentation of each evaluation.