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STATEMENT OF ELIGIBILITY FOR SPECIAL EDUCATION Deaf or Hard of Hearing (20) (Early Intervention)

Birthdate Click or tap to enter a date. **Date** Click or tap to enter a date.

Child's Name Click or tap here to enter text.

	mm/dd/yyyy	mm/dd/yyyy				
The team has obtained/conducted the following assessments. An evaluation report that describes and explains the results is attached.						
1. The team has reviewed existing information, including the child's cumulative records; previous individualized education programs or individualized family services plans; evaluations and information provided by the parent/guardian(s); current classroom-based, local, or state assessments; classroom-based observations; observations by teachers and related services providers; medical, sensory, and health information. Evaluation documentation includes relevant information from these sources used in the eligibility determination.						
		Click or tap to enter a date.				
	_	Date Reviewed				
2. Audiological assessment						
Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.				
Audiologist	Date Conducted	Date Reviewed				
3. Conductive Hearing Loss only: medical determined to be untreatable. Click or tap here to enter text.	el examination indicating the hearing Click or tap to enter a date.	oss identified by an audiologist is Click or tap to enter a date.				
Physician, Nurse Practitioner, Physician	Date Conducted	Date Reviewed				
Assistant, Naturopathic Physician 4. Sensorineural Hearing Loss only: documentation indicating the hearing loss identified by an audiologist is determined to be sensorineural. Click or tap here to enter text. Click or tap to enter a date. Click or tap to enter a date.						
Audiologist	Date Conducted	Date Reviewed				
5. Any additional assessment(s) necessary to determine the impact of the suspected disability, if necessary. Additional assessment tool(s) used: Click or tap here to enter text.						
Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.				
Examiner	Date Conducted	Date Reviewed				

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The child meets the f	ollowing criteria	:			
□ yes	□ no	The child must have hearing thresholds in at least one ear of 25 dBHL or greater at two or more consecutive frequencies at 500 HZ, 1000 HZ, 2000 HZ, 4000 HZ, 6000 HZ, and 8000HZ; or			
□ yes	□ no	The hearing loss is due to auditory neuropathy spectrum disorder (ANSD) or aural microtia/atresia, as determined by an audiologist, physician, nurse practitioner, physician assistant, or naturopathic physician.			
The team agrees that services.	as a result of the	e child's disability the child □ does □ does n	ot qualify for Ea	rly Intervention	
Signature of Team Members	Title	Agree	Disagree		
		_			
	•	d the eligibility statement has been provider	•	guardian(s).	
Date Click or tap to e	nter a date.	By Click or tap here to enter text.			
☐ The parent/guardia Education (ages birth		ded a copy of the Procedural Safeguards No	tice: Parent Rig	hts for Special	
Date Click or tap to e	nter a date.	By Click or tap here to enter text.			

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This form is used to:

- Document whether the student meets the eligibility criteria for Deaf and Hard of Hearing and the basis for that determination;
- Meet the requirements of OAR 581-015-2150, OAR 581-015-2120, and 34 CFR 300.8 regarding the need to establish eligibility for special education services;
- Document the date that initial eligibility was established and the date that the reevaluation was 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;
- Document the parent was given a copy of evaluation report(s), eligibility statement, and Procedural Safeguards Notice: Parent Rights for Early Intervention (ages birth through 3).

Directions:

- 1. Enter date the form was completed by the team.
- 2. Enter child's complete legal name; do not use a nickname.
- 3. Enter child's birthdate.
- 4. Enter the date of the Early Intervention eligibility.
- 5. Enter date eligibility team considered relevant information from a variety of sources used in this eligibility determination.
- 6. Audiological assessment- enter examiner, date conducted, and date reviewed.
- 7. Medical examination (for conductive hearing loss only) enter examiner, date conducted, and date reviewed.
- 8. Audiological assessment (for sensorineural hearing loss only) enter examiner, dated conducted, and date reviewed.
- 9. Additional assessment(s) necessary to determine the impact of the suspected disability- enter assessment tools(s) used, examiner, date conducted, and date reviewed.
- 10. Additional evaluations or assessments necessary to identify the child's developmental or educational needs- enter evaluation or assessment tool(s) used, examiner, date conducted, and date reviewed.
- 11. Review each criteria and determine yes or no to each question.
- 12. Review each special education eligibility statement and determine the appropriate answer for each statement.
- 13. Review Early Intervention eligibility (ages birth through3).
- 14. Obtain signature from each member of the eligibility team and if they agree or disagree with the eligibility.
- 15. Document providing parent/guardian(s) a copy of the evaluation report and eligibility statement.
- 16. Document providing parent/guardian(s) a copy of either the Procedural Safe Guard Notice: Parent Rights for Special Education ages birth through 3).

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 evaluation.