

Education Agency Logo and Information Here

**STATEMENT OF ELIGIBILITY FOR SPECIAL EDUCATION
Deaf or Hard of Hearing (20)
(Early Childhood Special Education & School Age)**

Child's Name Click or tap here to enter text.	Birthdate Click or tap to enter a date. mm/dd/yyyy	Date Click or tap to enter a date. mm/dd/yyyy
School District Click or tap here to enter text.	School Click or tap here to enter text.	SSID Click or tap here to enter text.
Date of Initial ECSE Eligibility Click or tap to enter a date.	Date of Initial KG-21 Eligibility Click or tap to enter a date.	
Date KG-21 3-Year Reevaluation Date Click or tap to enter a date.		
Date KG-21 3-Year Reevaluation is Due Click or tap to enter a date.		

Definition: The child is deaf or hard of hearing. "Deaf or hard of hearing" means an impairment in hearing, whether permanent or fluctuating, 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 developmental progress (age 3 through 5) or educational performance (age 5 through 21).

The team has obtained/conducted the following assessments. Each items below must be received in order to find a student eligible in the category of Deaf or Hard of Hearing. 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 examination indicating the hearing loss identified by an audiologist is determined to be untreatable.

Click or tap here to enter text.	Click or tap to enter a date.	Click or tap to enter a date.
Physician, Nurse Practitioner, Physician Assistant, Naturopathic Physician	Date Conducted	Date Reviewed

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

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5. Any additional assessment(s) necessary to determine the impact of the suspected disability, if applicable.

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.

6. Any additional evaluation(s) or assessment(s) necessary to identify the child's developmental or educational needs, if applicable.

Additional assessment or evaluation 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

The eligibility team has determined that:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> yes | <input type="checkbox"/> no | A comprehensive evaluation was conducted that met the minimum evaluation requirements for Deaf or Hard of Hearing. |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | The child was evaluated in all areas of suspected disability. |

The child meets the following criteria:

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> yes | <input type="checkbox"/> 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 |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | The hearing loss is due to auditory neuropathy spectrum disorder (ANSO) or aural microtia/atresia, as determined by an audiologist, physician, nurse practitioner, physician assistant, or naturopathic physician. |

The eligibility team has considered the child's special education eligibility and determined that it:

- | | | |
|-----------------------------|---------------------------------|--|
| <input type="checkbox"/> is | <input type="checkbox"/> is not | due to a lack of appropriate instruction in reading, including the essential components of reading instruction (phonemic awareness, phonics, vocabulary development, reading fluency/oral reading skills, and reading comprehension strategies); |
| <input type="checkbox"/> is | <input type="checkbox"/> is not | due to a lack of appropriate instruction in math; and |
| <input type="checkbox"/> is | <input type="checkbox"/> is not | due to limited English proficiency. |

The eligibility team has determined that:

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> yes | <input type="checkbox"/> no | The child is deaf or hard of hearing as defined by OAR 581-015-2150. |
| <input type="checkbox"/> yes | <input type="checkbox"/> no | The child is eligible for special education services in accordance with OAR 581-015-2795 and/or OAR 581-015-2120. |

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Deaf or Hard of Hearing (20)
(ECSE & SCHOOL AGE)

The team agrees that as a result of the child’s disability the child does does not qualify for Early Childhood Special Education services with an eligibility of Deaf and Hard of Hearing.

The team agrees that as a result of the child’s disability the child does does not qualify for School Age Special Education services with an eligibility of Deaf and Hard of Hearing.

Signature of Team Members	Title	Agree	Disagree*
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

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

Date Click or tap to enter a date.

By Click or tap here to enter text.

The parent/guardian(s) were provided a copy of the Procedural Safeguards Notice: Parent Rights for Early Childhood Special Education (ages 3 through 5).

Date Click or tap to enter a date.

By Click or tap here to enter text.

The parent/guardian(s) were provided a copy of the Procedural Safeguards Notice: Parent Rights for Special Education (ages 5 through 21).

Date Click or tap to enter a date.

By Click or tap here to enter text.

* If a team member disagrees with the team’s determination, they may attach a statement describing their conclusions.

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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 581-015-2795, OAR 581-015-2120, OAR 581-015-2150 , 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 Childhood Special Education (ages 3 through 5) and/or Special Education (ages 5 through 21).

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 child's school district (N/A for ECSE).
5. Enter child's school (N/A for ECSE).
6. Enter the date of the initial ECSE eligibility, if applicable.
7. Enter the date of the initial 5 through 21 eligibility.
8. Enter date of 3-year reevaluation, if applicable.
9. Enter date of 3-year reevaluation due.
10. Enter date eligibility team considered relevant information from a variety of sources used in this eligibility determination.
11. Audiological assessment- enter examiner, date conducted, and date reviewed.
12. Medical examination (for conductive hearing loss only) - enter examiner, date conducted, and date reviewed.
13. Audiological assessment (for sensorineural hearing loss only) - enter examiner, dated conducted, and date reviewed.
14. Additional assessment(s) necessary to determine the impact of the suspected disability- enter assessment tool(s) used, examiner, date conducted, and date reviewed.
15. 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.
16. Review each criteria and determine yes or no to each question.
17. Review each special education eligibility statement and determine the appropriate answer for each statement.
18. Review each determination statement and determine the appropriate answer for each statement.
19. Review ECSE eligibility (ages 3 through 5) **and/or** school age eligibility (ages 5 through 21) and determine appropriate answer for each statement.
20. Please note that this eligibility form can be used to establish an eligibility for ages 3 through 5, ages 5 through 21, and ages 3 through 21.
OAR 581-015-2805(3)
Transition from ECSE to School-Age Special Education Services:
 - (a) For children previously eligible in a disability category under OAR 581-015-2127 through 581-015-2180, before a child reaches the age of eligibility for public school, the district must continue the child's eligibility for school age special education services. The school district may conduct a reevaluation and reconsider eligibility for special education services.
 - (b) The school district and contractor or subcontractor must hold a meeting during the year before the child is eligible to enter public school:
 - (A) To determine steps to support the child's transition from ECSE to public schooling or other educational setting; and
 - (B) For a child eligible for school age special education services to develop an IEP that is in effect at the beginning of the school year.
21. Obtain signature from each member of the eligibility team and if they agree or disagree with the eligibility.
22. Document providing parent/guardian(s) a copy of the evaluation report and eligibility statement.
23. Document providing parent/guardian(s) a copy of either the Procedural Safe Guard Notice: Parent Rights for Special Education ages 3 through 5 and/or ages 5 through 21.

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.