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

<b>Child's Name</b> Click or tap here to enter text.	<b>Birthdate</b> Click or tap to enter a date.	<b>Date</b> Click or tap to enter a date.
	mm/dd/yyyy	mm/dd/yyyy
<b>School District</b> Click or tap here to enter text.	<b>School</b> Click or tap here to enter text.	<b>SSID</b> Click or tap here to ente text.
<b>Date of Initial ECSE Eligibility</b> _Click or tap t date.	Date of Initial KG-21 E date.	<b>Eligibility</b> Click or tap to enter a
Date KG-21 3-Year Reevaluation Date Clic	ck or tap to enter a date.	
Date KG-21 3-Year Reevaluation is Due Cl	ick or tap to enter a date.	
The team has obtained/conducted the fo find a student eligible in the category of E explains the results is attached.  1. The team has reviewed existing inform individualized education programs or ind provided by the parent/guardian(s); curre observations; observations by teachers a information. Evaluation documentation in eligibility determination.	llowing assessments. Each items belo Deaf orHard of Hearing. An evaluation ation, including the child's cumulativ ividualized family services plans; eval ent classroom-based, local, or state a nd related services providers; medica	report that describes and re records; previous luations and information ssessments; classroom-based al, sensory, and health
		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 is determined to be untreatable.	examination indicating the hearing lo	oss identified by an audiologist
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	Date Conducted	Date Reviewed

4. Sensorineural Hearing Loss only: documentation indicating the hearing loss identified by an audiologist is determined to be sensorineural.

Physician

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. **Date Conducted** Examiner Date Reviewed The eligibility team has determined that: A comprehensive evaluation was conducted that met the minimum □ yes □ no evaluation requirements for Deaf or Hard of Hearing. The child was evaluated in all areas of suspected disability. □no □ yes The child meets the following criteria: The child must have hearing thresholds in at least one ear of 25 dBHL □ yes □ no or greater at two or more consecutive frequencies at 500 HZ, 1000 HZ, 2000 HZ, 4000 HZ, 6000 HZ, and 8000HZ; or The hearing loss is due to auditory neuropathy spectrum disorder □ yes □ no (ANSD) 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: due to a lack of appropriate instruction in reading, including the  $\square$  is  $\square$  is not essential components of reading instruction (phonemic awareness, phonics, vocabulary development, reading fluency/oral reading skills, and reading comprehension strategies);  $\square$  is  $\square$  is not due to a lack of appropriate instruction in math; and □is ☐ is not due to limited English proficiency. The eligibility team has determined that:

 $\square$  yes

□ yes

□no

□ no

The child is deaf or hard of hearing as defined by OAR 581-015-2150.

The child is eligible for special education services in accordance with

OAR 581-015-2795 and/or OAR 581-015-2120.

# STATEMENT OF ELIGIBILITY FOR SPECIAL EDUCATION Deaf or Hard of Hearing (20) (ECSE & SCHOOL AGE)

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

Signature of Team Members	Title	Agree	Disagree*
		_ □	
		_ □	
		_ □	
		_ □	
		_ 🗆	
☐ The parent/guardian(s) were provided a c Childhood Special Education (ages 3 through	.,	Notice: Parent Rig	hts for Early
	<b>5</b> 01: 1	o enter text.	
Date Click or tap to enter a date.	<b>By</b> Click or tap here t		
	· · · · · · · · · · · · · · · · · · ·	Notice: Parent Rig	hts for Special

<sup>\*</sup> If a team member disagrees with the team's determination, they may attach a statement describing their conclusions.

#### 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 eligibilitydetermination;
- 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.
- 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 tools(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.
- 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.