| **Student Name** | **DOB** | **SSID** |
| --- | --- | --- |
|  |  |  |
| **School District** | **School**  | **Grade** |
|  |  |  |

**Comprehensive Evaluation**

If a student is suspected of having deafblindness, a comprehensive evaluation must be conducted for early childhood special education or school age special education 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), previous testing, medical data, the student’s cumulative records, and previous individualized education programs or individualized family service plans. Evaluation documentation includes relevant information from these sources used in the eligibility determination:

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

2. Eligibility for special education as a student that is deaf or hard of hearing.

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

3. Eligibility for special education as a student with a vision impairment.

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

4. For a student who meets the minimum criteria for either deaf or hard of hearing or vision impairment, but demonstrates inconsistent or inconclusive responses in the other sensory area, a functional assessment by an educator of the vision or deaf or hard of hearing, as appropriate:

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

5. For a student who meets the minimum criteria for either deaf or hard of hearing or vision impairment, and has a degenerative disease or pathology that affects the acuity of the other area, documentation of a medical examination as appropriate:

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

**Eligibility Criteria**

To be eligible as a student with deafblindness for early childhood special education or school age special education services, the student must have impairments in both hearing and vision, the combination of which causes such severe communication and other developmental and educational needs that the student cannot be accommodated in special education programs designed solely for students who are deaf or are hard of hearing or have a visual impairment.

Student must meet one of the following:

| * [ ] 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 Determinations** |
| --- |
| The student’s disability has an adverse impact on the student’s educational performance when the student is age 5-21, or has an adverse impact on the child’s developmental progress when the child is age 3-5.  | [ ]  Yes | [ ]  No |
| The student has deafblindness as defined in this rule; | [ ]  Yes | [ ]  No |
| By reason thereof, the student requires early childhood special education (OAR 581-015-2795) or school age special education (OAR 581-015-2120) services. | [ ]  Yes | [ ]  No |
| The team has considered the student’s special education eligibility, and determined that the eligibility is 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); | [ ]  Yes | [ ]  No |
| a lack of appropriate instruction in math; | [ ]  Yes | [ ]  No |
| limited English proficiency, | [ ]  Yes | [ ]  No |

The team agrees that this student:

* [ ]  Does qualify for Early Childhood Special Education services with an eligibility of Deafblindness.
* [ ]  Does not qualify for Early Childhood Special Education services with an eligibility of Deafblindness.
* [ ]  This section does not apply to this student.

The team determined that this student:

* [ ]  Does qualify for special education services with an eligibility of Deafblindness.
* [ ]  Does not qualify for special education services with an eligibility of Deafblindness.
* [ ]  This section does not apply to this student.

| **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 student meets the eligibility criteria for Deafblindness and the basis for that determination in accordance with OAR 581-15-2140 and 34 CFR §300.8

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);

Document the date of the eligibility determination.

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 (meeting date).

Enter the student’s name.

Enter the student’s date of birth.

Enter the student’s SSID.

Enter School District and School information.

Enter student’s grade level at the time of meeting.

List the required evaluation elements. Indicate the name of the test(s) used, the examiner who conducted the test(s) and the testing date(s). If data is being reviewed only (e.g., for reevaluation), indicate the review date. Attach documentation of each evaluation.

The team must determine if the student meets one of the following eligibility criteria:

The student meets eligibility criteria for both deaf or hard of hearing and vision impairment; or

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

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.

The team must also determine the following:

The student’s disability has an adverse impact on the student’s educational performance when the student is age 5-21, or has an adverse impact on the child’s developmental progress when the child is age 3-5.

The student has Deafblindness as defined in this rule;

The student requires early childhood special education (OAR 581-015-2795) or school age special education (OAR 581-015-2120) services.

The team must document that they considered the student’s special education eligibility, and determined that the eligibility:

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);

Is not due to due a lack of appropriate instruction in math; or

Is not due to limited English proficiency.

Indicate if the student does or does not qualify for Early Childhood Special Education or School Age Special Education services with an eligibility of Deafblindness.

Have each team member (including the parent/guardian) sign the form, indicating their title and whether they agree or disagree with the eligibility determination.

Place a copy of this form with all attachments into the student’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.