

**EVALUATION TEAM RECOMMENDATION  
DEAF-BLIND**

DB

File #:	MET Date:
---------	-----------

Student: \_\_\_\_\_ D.O.B: \_\_\_\_\_ Age: \_\_\_\_\_

District: \_\_\_\_\_ School: \_\_\_\_\_

Dom. Language: \_\_\_\_\_ Grade: \_\_\_\_\_

**PURPOSE**

- Initial eligibility, MET recommendation/summary. *(Attach all referenced material)*
- Change of eligibility for special education. *(Attach all referenced material)* Previous Eligibility: \_\_\_\_\_

**EVALUATION FINDINGS AND DOCUMENTATION**

The following information and documentation is required to recommend eligibility for special education as a student with deaf-blindness:

<b>Required Information:</b>	<b>Name and Date of Attached Report/Document</b>
Ability/achievement level	_____
Classroom performance (Relevant behavior and relationship to achievement)	_____
Audiological information	_____
Vision information <i>(May include a functional visual assessment)</i>	_____
Educationally relevant medical information <i>(If applicable)</i>	_____
Information from parents	_____

**ASSURANCE STATEMENTS**

The Evaluation Team must consider the following assurance statements before making a recommendation regarding this student's eligibility:

This student manifests **all** of the following characteristics:

1. The combination of the student's hearing impairment and visual impairment causes severe communication and other developmental and educational needs that cannot be accommodated in special education programs without additional supports to address the unique needs specific to deaf-blindness.
2. This student manifests hearing and vision loss that, if considered individually, may not meet the requirements for visual impairment or hearing impairment, but the combination of the losses affects educational performance.
3. This student functions as if there is both a hearing and visual loss, based upon responses to auditory and visual stimuli in the environment, or during vision and hearing evaluations.
4. The suspected disability is not due to the lack of appropriate instruction in the essential components of reading or math; or limited English proficiency.

**RECOMMENDATION OF ELIGIBILITY**

The Evaluation Team **1)** finds **all** the assurance statements to be true; **2)** has considered exclusionary factors; and **3)** recommends, based on the evaluation findings, that this student be considered eligible for special education programs/services under the deaf-blindness rule (R340.1717).  Yes\*  No

\* If recommending eligibility, state present levels of academic achievement and functional performance on the back of this form or attach documentation that addresses this issue.

**EVALUATION TEAM SIGNATURES**

As a member of the Evaluation Team, I agree with the eligibility recommendation:

Visual Impairment Teacher _____	Hearing Impairment Teacher _____
Ophthalmologist/ Optometrist* _____	Audiologist, Otologist, or Otolaryngologist _____

\* (Signature on attached report)

This Evaluation Summary **does not** reflect my/our opinion and a separate statement is attached:

Signature/Title \_\_\_\_\_

Signature/Title \_\_\_\_\_

## EXCLUSIONARY FACTORS WORKSHEET

### Deaf-Blindness

Each factor must be ruled out as the <b>PRIMARY FACTOR</b> for the student's inability to progress in the general education curriculum, and for obtained cognitive, achievement, adaptive, and hearing/vision scores.	Yes	No
<b>1. Lack of appropriate instruction in essential components of reading and math</b>		
Does information obtained during assessment indicate lack of appropriate instruction in reading and math as the determinant factor in this student's inability to progress in the general education curriculum?		
<b>2. Limited English Proficiency</b>		
<ul style="list-style-type: none"> <li>• Is there a language other than English spoken by this student?</li> </ul>		
<ul style="list-style-type: none"> <li>• Is there a language other than English spoken by the student's home?</li> </ul>		
<ul style="list-style-type: none"> <li>• Are there any specific dialect or cultural influences that would affect the student's ability to speak or understand English?</li> </ul>		
<b>3. Cultural Background Differences</b>		
<i>Document all information gathered in assessment that would exclude environmental or cultural disadvantage as the determinant factor for this student's inability to access general education curriculum or perform significantly below normal on measures of cognition, achievement, adaptive behavior, and hearing/vision.</i>		
<ul style="list-style-type: none"> <li>• Is there compelling evidence from data gathered and information generated to indicate this student is unable to learn or perform on assessments due to cultural or background difference?</li> </ul>		
<b>4. Medical Conditions That Impact School Performance</b>		
<i>Document all information gathered through assessment that would exclude medical or health reasons for this student's deficient performance on both assessments of cognition, achievement, adaptive behavior, and hearing/vision.</i>		
<ul style="list-style-type: none"> <li>• Does the student have a medical history (other than hearing/vision) and/or school history of medical or health-related difficulties causing the student to have difficulty accessing the general education curriculum?</li> </ul>		
<ul style="list-style-type: none"> <li>• Are there school records of illness or health-related conditions that would impact negatively on this student's ability to progress in the general education curriculum?</li> </ul>		
<b>5. Socioeconomic Status, or Communication, Sensory or Motor Impairments</b>		
<i>Document all information gathered through assessment that would exclude sensory or motor impairments as a factor for this student's deficient performance on assessment of cognition, achievement, and adaptive functioning.</i>		
<ul style="list-style-type: none"> <li>• Does the assessment data indicate that lack of opportunity to learn due to socioeconomic circumstances is the cause or primary reason for the student's deficient scores obtained on cognitive, achievement, and adaptive skills measured?</li> </ul>		
<i>If any of the questions in sections 1-5 are YES, please document the reason a given exclusionary consideration is not the primary reason for the student's deficit cognitive, achievement, adaptive, and/or hearing/vision scores:</i>		
<b>6. Impairment Specific Considerations</b>		
<ul style="list-style-type: none"> <li>• Are the student's measured skills of hearing and visual losses such, that if considered individually, may not meet the requirements for visual or hearing impairment, but the combination of losses affects educational performance?</li> </ul>		
<ul style="list-style-type: none"> <li>• Does the student function as if he/she has both hearing and visual loss, based upon responses to auditory and visual stimuli in the environment, or during vision and hearing evaluations?</li> </ul>		
<ul style="list-style-type: none"> <li>• Are the student's measured auditory and vision functioning determined by appropriate medical personnel?</li> </ul>		

**Present Level of Academic Achievement and Functional Performance:**