



EVALUATION TEAM RECOMMENDATION

Hearing Impairment (HI)

File #:	MET Date:
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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 a hearing impairment:

Required Information:

- Ability/achievement level
- Audiological information
- Classroom performance (Relevant behavior and relationship to achievement)
- Information from parents
- Physician statement that medical condition is permanent
- Educationally relevant medical information *(If none, write "NONE")*

Name and Date of Attached Report/Document

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. A type or degree of hearing loss that interferes with development (a loss so severe that the student is impaired in processing linguistic information through hearing, with or without amplification; or a permanent/fluctuating loss which is less severe than deafness and which generally permits the use of the auditory channel as the primary means of developing speech and language skills).
2. Adverse affect on student's educational performance.
3. The suspected disability is not due to the lack of appropriate instruction in the essential components of reading or math; or limited English proficiency.
4. The student requires special education programs/services.

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 hearing impairment rule (R340.1707).

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:

Audiologist* _____	Other/Title _____
Otolaryngologist/ Otologist* _____	Other/Title _____

* (Signature on attached report)

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

Signature/Title _____

EXCLUSIONARY FACTORS WORKSHEET

Hearing Impairment

Each factor must be ruled out as the PRIMARY FACTOR for the student's inability to progress in the general education curriculum, and for obtained cognitive, achievement, adaptive, and hearing scores.	Yes	No
1. Lack of appropriate instruction in essential components of reading and math		
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?		
2. Limited English Proficiency		
<ul style="list-style-type: none"> • Is there a language other than English spoken by this student? • Is there a language other than English spoken by the student's home? • Are there any specific dialect or cultural influences that would affect the student's ability to speak or understand English? 		
3. Cultural Background Differences		
<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</i>		
<ul style="list-style-type: none"> • 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? 		
4. Medical Conditions That Impact School Performance		
<i>Document all information gathered through assessment that would exclude medical or health reasons for this student's deficient performance on assessments of hearing.</i>		
<ul style="list-style-type: none"> • Does the student have a medical history and/or school history of other medical or health-related difficulties causing the student to have difficulty accessing the general education curriculum? • Are there school records of other illness or health-related conditions that would impact negatively on this student's ability to progress in the general education curriculum? 		
5. Socioeconomic Status, or Communication, Sensory or Motor Impairments		
<i>Document all information gathered through assessment that would exclude other impairments as a factor for this student's deficient performance.</i>		
<ul style="list-style-type: none"> • 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 hearing skills measured? 		
<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 scores:</i>		
6. Impairment Specific Considerations		
<ul style="list-style-type: none"> • Does the student's hearing impairment adversely affect educational performance, even with amplification? • Does the student's assessed hearing fluctuate, yet adversely affect educational performance? 		

Present Level of Academic Achievement and Functional Performance: