

# Deafness/Hearing Impairment

## Assessment Documentation

School System \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

Student \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Age \_\_\_\_

<b>1. Definition – Deafness</b>		
▪ a hearing impairment 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 educational performance – exhibits the following characteristics		
○ an inability to communicate effectively due to Deafness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ an inability to perform academically on a level commensurate with the expected level because of Deafness	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ delayed speech and/or language development	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>2. Definition – Hearing Impairment</b>		
▪ an impairment in hearing, whether permanent or fluctuating, that adversely affects a child's educational performance but does not include Deafness – exhibits one or more of the following characteristics		
○ inability to communicate effectively due to a Hearing Impairment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ inability to perform academically on a level commensurate with the expected level because of a Hearing Impairment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
○ delayed speech and/or language development due to a Hearing Impairment	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>3. Evaluation Procedures</b>		
▪ audiological evaluation	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ evaluation of speech and language performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ school history and levels of learning or educational performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ observation of the child's auditory functioning and classroom performance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
▪ documentation (observation and/or assessment) of how Deafness or Hearing Impairment adversely impacts the child's educational performance in his/her learning environment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

\_\_\_\_\_  
Signature of Speech/Language Therapist or Audiologist

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature or Name of Physician or Audiologist

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature Other Assessment Team Member

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature Other Assessment Team Member

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Signature Other Assessment Team Member

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date