Statement of Eligibility for Early Intervention (Birth to Age 3)

**(DeafBlindness 43)**

Child’s Name Birthdate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Date of Initial Eligibility

***The team has obtained the following assessments (attach documentation 1-5):***

1. The team has reviewed existing information, including information from the parent(s), the student’s cumulative records, and 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 child with vision impairment. Date of eligibility statement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. Eligibility for special education as a child with hearing impairment. Date of eligibility statement: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Examiner Date/Conducted Date/Reviewed

5. For a child who meets the minimum criteria for either hearing impairment or vision impairment, and has a degenerative disease or pathology that affects the acuity of the other area, a medical statement or health assessment as appropriate:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Physician, Nurse Practitioner, or Physician’s Assistant Date/Conducted Date/Reviewed

***The child meets the following criteria:***

|  |  |  |
| --- | --- | --- |
| [ ] yes | [ ] no | The child meets eligibility criteria for both hearing and vision impairment; or |
| [ ] Yes | [ ] No | The child meets eligibility criteria for either 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 child 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 agrees that this child*** ***[ ] does*** ***[ ] does not qualify for early intervention.***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Signatures of Team Members** |  | **Title** | **Agree** | **Disagree** |
|  |  |  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  |
|  |  |  | [ ]  | [ ]  |

[ ]  A copy of the evaluation report and the eligibility statement is given to the parent(s).

**Statement of Eligibility for Early Intervention (Birth to Age 3)**

**(DeafBlindness 43)**

**This form is used to:**

1. document that the child meets the eligibility criteria for deaf/blindness;
2. meet the requirements of 34 CFR 303.300, OAR 581-015-2140 and OAR 581-015-2780 regarding the need to establish eligibility in order for the child to receive early intervention services;
3. document the date that initial eligibility was established and the date that the eligibility is re-established; and
4. provide a place for the team to sign the report and indicate whether or not each member agrees or disagrees with the eligibility determination.

**Directions:**

1. Enter the date the form was completed by the team.
2. Enter the child’s complete legal name; do not use a nickname.
3. Enter the child’s date of birth.
4. Enter the date of initial eligibility.
5. 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.*
6. Indicate if the child meets the eligibility criteria.
7. Have each team member (including the parents) sign the form, indicating his/her title, and whether or not he/she agrees or disagrees with the eligibility determination.
8. Place a copy of this form with all attachments into the child’s file.
9. Give a copy of the evaluation report and eligibility statement to the parent(s).