| **Student Name** | **DOB** | **SSID** |
| --- | --- | --- |
|  |  |  |
| **EI/ECSE Program** | **County** | **School District** |
|  |  |  |

**Comprehensive Evaluation**

If a child is suspected of being deaf or hard of hearing, a comprehensive evaluation must be conducted for early intervention 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 the child’s cumulative records; previous individualized education programs or individualized family services plans; evaluations and information provided by the parent/guardian(s); current classroom-based, local, or state assessments; classroom-based observations; observations by teachers and related services providers; medical, sensory, and health information. Evaluation documentation includes relevant information from these sources used in the eligibility determination.

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

2. Documentation of an audiological assessment as defined in OAR 581-015-2000 which indicates if the hearing loss is conductive hearing loss or sensorineural hearing loss.

| **Audiologist** | **Date Conducted** | **Date Reviewed** |
| --- | --- | --- |
|  |  |  |

The hearing loss is conductive.

The hearing loss is sensorineural.

3. Conductive Hearing Loss only: a medical examination as defined in OAR 581-015-2000 indicating the hearing loss identified by an audiologist is determined to be untreatable.

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

4. Any additional assessments necessary to identify the child’s developmental needs, if applicable.

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

**Eligibility Criteria**

To be eligible as a child that is deaf or hard of hearing, the child must have an impairment in hearing, whether permanent or fluctuating, that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification. To be eligible for early intervention services, the child must meet one of the following criteria:

| Yes | No | The child must have hearing thresholds in at least one ear of 25 dBHL or greater at two or more consecutive frequencies at 500 HZ, 1000 HZ, 2000 HZ, 4000 HZ, 6000 HZ, and 8000HZ; or |
| --- | --- | --- |
| Yes | No | The hearing loss is due to auditory neuropathy spectrum disorder (ANSD) or aural microtia/atresia, as determined by documentation of an audiological assessment or medical examination as defined by OAR 581-015-2000. |

| **Eligibility Determination**  The team has determined that: | | |
| --- | --- | --- |
| The child is deaf or hard of hearing as defined in this rule; and | Yes | No |
| By reason thereof, the child requires early intervention services (OAR 581-015-2780). | Yes | No |

The team determined that this child:

☐ Does qualify for early intervention services with an eligibility of deaf or hard of hearing.

☐ Does not qualify for early intervention services with an eligibility of deaf or hard of hearing.

| **Signature** | **Title** | **Agree** | **Disagree** |
| --- | --- | --- | --- |
|  |  |  |  |
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|  |  |  |  |

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 child meets the eligibility criteria for deaf or hard of hearing and the basis for that determination in accordance with 34 CFR §300.8, OAR 581-015-2780, and OAR 581-015-2150.

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);

OAR 581-015-2775 (EI Evaluations);

OAR 581-015-2780 (EI Eligibility);

Document the date the initial eligibility was established and/or re-established.

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.

Enter the date of initial eligibility and/or re-establish eligibility.

Enter the child’s name.

Enter the child’s date of birth.

Enter the child’s SSID number.

Enter the child’s school district.

Enter the child’s school.

Enter the child’s grade level at the time of completing the form.

Document the completion of the required evaluation elements.

Review and record responses for all components of the eligibility criteria.

Review and record responses for all components of the eligibility determination.

Indicate if the child meets or does not meet the eligibility criteria.

Have all team members sign and indicate title, date, and whether they agree or disagree that the child qualifies.

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