

SECTION III – EVALUATION REVIEW

Student Name: _____

PRIOR HEARING IMPAIRMENT/DEAFNESS DATA

Date of Audiological Evaluation (report attached): _____

Eligibility Review

A review of records from previous hearing assessments reveals this student meets one or more of the following standards for hearing impairment/deafness:

- Inability to orally communicate effectively due to hearing impairment/deafness with regard to phonological and phonetic skills.
- Inability to perform academically on a level commensurate with expected level because of hearing problems.
- Delayed or disordered language development due to hearing impairment/deafness.
- Hearing Impairment/Deafness, which influences vocational or social competency.

Name of Certifying Audiologist or Physician

_____/_____/_____
Date

Prognosis from Prior Report:

- Stable
- Improving
- Degenerating

Does the previous certifying statement by the physician indicate the student’s disability would continue throughout school? Yes No

Speech and Language Performance

Phonological/Phonetic Assessment: _____

Receptive Language Assessment: _____

Expressive Language Assessment: _____

- Yes No *Educational performance is not consistent with previous assessment results.*
- Yes No ***Significant** changes have been documented in the student’s environment, overall adjustment and educational profile.*
- Yes No *Review of previous evaluations indicates consistent and valid results.*
- Yes No *Additional comprehensive data would not prove relevant to the issues of continued eligibility, programming and instruction.*

Reviewing Specialist in Hearing Impairment/Deafness
And/Or

_____/_____/_____
Date

Reviewing SLP/Audiologist

_____/_____/_____
Date