

COMPLIANCE VERIFICATION FORM

Hearing Impairment

07-2 AAC Criteria

Student's Name _____ Reviewer _____ Date _____

	Hearing Impairment Evaluation Requirements	EVAL		ELIG RPT		N/A	COMMENTS
		YES	NO	YES	NO		
	1. Vision Screening P_____ F_____ Follow-Up_____						
	2. Audiological Evaluation. Indicating that the child is deaf/hard of hearing.						
	3. Performance measures such as group or individual intelligence scores, individual/group achievement and/or diagnostic test(s), classroom observation, and/or review of child's existing records (i.e., attendance, health). These measures may be used as the evidence to show adverse affect.						

The following information must also be included on the eligibility report:

For Initial Evaluation

Prong 1

- | | Yes | No |
|-------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Documentation that the child was provided appropriate instruction in regular education settings | <input type="checkbox"/> | <input type="checkbox"/> |
| Documentation that instruction was delivered by qualified personnel | <input type="checkbox"/> | <input type="checkbox"/> |

Prong 2

- | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| Data-based documentation of repeated assessments of achievement at reasonable intervals reflecting formal assessment of student progress during instruction | <input type="checkbox"/> | <input type="checkbox"/> |
| Documentation above was provided to the parent | <input type="checkbox"/> | <input type="checkbox"/> |

At Every Reevaluation

- | | | |
|---------------------------------------------------------------------|--------------------------|--------------------------|
| Documentation that instruction was delivered by qualified personnel | <input type="checkbox"/> | <input type="checkbox"/> |
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