**HEARING IMPAIRMENT**

DETERMINATION OF DISABILITY: *(student’s name) meets/does not* meet special education eligibility under the category of Hearing Impairment as defined as an impairment in hearing, whether permanent or fluctuating, that adversely affects educational performance but that is not included under the definition of deafness.

1. A certified audiologist has provided written documentation in the previous 12 months that (*student’s name*) has neural/sensorineural and/or conductive hearing loss of 25 decibels or greater in the better ear or a unilateral hearing loss of 45 decibels hearing level or greater in the affected ear. (Audiologist’s name, summary of audiologist’s report, and date of documentation must be included in the IWAR). (*Student’s name*)’s hearing loss is in the following range:

☐ Mild Hearing Loss: (25-40 dB HL)

☐ Moderate Hearing Loss: (41-55 dB HL)

☐ Moderate to Severe Hearing Loss: (56-70 dB HL)

☐ Severe Hearing Loss (91 dB HL or greater)

☐ Unilateral Hearing Loss (one normal hearing ear and one ear with 45 dB or greater HL)

☐ Other (Please explain type of syndrome, birth defect, or other cause of hearing impairment)

2. The child’s Hearing Impairment adversely affects educational performance (**at least one must be checked**):

☐ *He/she* needs to consistently use amplification appropriately in educational settings as determined by a certified audiologist and systematic classroom observation. (Data from audiological measures and observations summarized in IWAR)

☐ *He/she* has an achievement deficit in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (insert one or more of the following: basic reading skills, reading comprehension, or written language) which is at the 15th percentile or 1.0 standard deviations or more below the mean on standardized assessments (academic achievement data summarized in IWAR)

☐ The use and understanding of spoken English for classroom interaction under typical classroom conditions is affected and documented by a systematic observation of communication behaviors (observation summarized in IWAR)

☐ *He/she* uses sign language and/or alternative or augmentative systems alone or in combination with spoken English. (Parent Report, Teacher Report, and/or language sample summarized in IWAR)

Data for determining eligibility was gathered from (List multiple resources):

☐ Cumulative file review

☐ Medical reports

☐ Three observations

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

☐ Tests (Speech Assessments, Visual/Motor/Sensory Assessments, Vision and Hearing Assessments, Academic Assessments, Adaptive Behavior Scales, Behavioral Checklists, etc.)

☐ Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_