

Student's Name _____

DEAFBLINDNESS

VI. ELIGIBILITY CRITERIA AND EVALUATION

	DEAFBLINDNESS: Eligibility Criteria	NA	Non-Compliance	Compliance	Staff Sign-off
DB.A4	Combination of vision and hearing loss: Student has a combination of vision loss and hearing loss. <input type="checkbox"/> Yes, assessments indicate both vision and hearing loss <input type="checkbox"/> No, clinical assessment missing <input type="checkbox"/> No, functional assessment missing <input type="checkbox"/> No, both assessments missing <input type="checkbox"/> Comment:		Correctable		
DEAFBLINDNESS: Evaluation					
DB.B1	Multiple measures used: Multiple measures (formal and informal) are used to assess vision and hearing and all areas of suspected deficits. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
DB.B2	Evaluation considers vision and hearing loss: Evaluation includes and takes into consideration impact of the combined vision and hearing losses <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		
DB.B3	Audiological evaluation: Audiological evaluation includes both clinical and functional assessment. <input type="checkbox"/> Yes, both evaluations included <input type="checkbox"/> No, clinical evaluation missing <input type="checkbox"/> No, functional assessment missing <input type="checkbox"/> No, both evaluations missing <input type="checkbox"/> Comment:		Correctable		
DB.B4	Vision evaluation: Vision evaluation includes both ophthalmological and functional assessment. <input type="checkbox"/> Yes, both evaluations included <input type="checkbox"/> No, clinical evaluation missing <input type="checkbox"/> No, functional assessment missing <input type="checkbox"/> No, both evaluations missing <input type="checkbox"/> Comment:		Correctable		
The team must consider and evaluate, if appropriate:					
DB.B5a	Consider language needs: Language and communication needs. <input type="checkbox"/> Yes <input type="checkbox"/> No evidence provided <input type="checkbox"/> NA <input type="checkbox"/> Comment:		Correctable		
DB.B5b	Consider Braille needs: Current and future needs for instruction in Braille or the use of Braille. <input type="checkbox"/> Yes <input type="checkbox"/> No evidence provided <input type="checkbox"/> NA <input type="checkbox"/> Comment:		Correctable		
DB.B5c	Consider O & M needs: Orientation and Mobility (O & M) needs. <input type="checkbox"/> Yes <input type="checkbox"/> No evidence provided <input type="checkbox"/> NA <input type="checkbox"/> Comment:		Correctable		
DB.B5d	Consider accommodations: Accommodations and modifications necessary for student to be able to access the general curriculum and other activities. <input type="checkbox"/> Yes <input type="checkbox"/> No evidence provided <input type="checkbox"/> NA <input type="checkbox"/> Comment:		Correctable		
DB.B5e	Consider assistive technology needs: <input type="checkbox"/> Yes <input type="checkbox"/> No evidence provided <input type="checkbox"/> NA <input type="checkbox"/> Comment:		Correctable		
32h	Student Eligible for Special Education Services: Is this student eligible for special education services? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Comment:		Correctable		

COMMENTS:
