Ingham Intermediate School District
Special Education

Hearing Impairment (R340.1707)
Eligibility Recommendation

Student Name: ____________________ Report Date: __________
Birth Date: __________ Grade: ______ School Building: ____________________
School District: ____________________ Parent/Guardian: ____________________

PURPOSE

This form will be used by the Evaluation Team to recommend: (Choose one)

☐ **Initial eligibility** for special education.
(Behind this page attach a copy of all referenced documents and a copy of the Consent for Initial Evaluation)

☐ **Redetermination of eligibility** for special education.
(Behind this page attach a copy of all referenced documents and the REED)

EVALUATION SUMMARY
Include enough detail to determine a starting point for instruction

Area of Evaluation	Data Source	Performance Level	Name/Date of Attached Report/Document
• Medical Information			
• Audio logical			
• Achievement Level			
• Educational Performance			
• Information from Parents			

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Special Education

Student Name: **Error! Reference source not found.** DOB: **Error! Reference source not found.** Date: **Error! Reference source not found.**

DIAGNOSTIC ASSURANCE AND DOCUMENTATION

*Otolaryngologist/Otologist statement received ☐ No ☐ Yes, Date ____________________

The Evaluation Team must consider the following assurance statements before making a recommendation regarding this student's eligibility:

- This student manifests impairment during the developmental period with all of the following behavioral characteristics:
  - A type or degree of hearing loss that interferes with development or adversely affects educational performance ☐ Yes ☐ No
  - This student requires special education programs/services ☐ Yes ☐ No

EXCLUSIONARY CONSIDERATIONS

- Was the determinant factor for eligibility a result of:
  - Lack of instruction in reading and math? ☐ Yes ☐ No
  - Limited English proficiency? ☐ Yes ☐ No

ELIGIBILITY RECOMMENDATION

The Evaluation Team 1) finds all of the diagnostic assurance statements to be true and 2) recommends, based on the evaluation findings, that this student be determined eligible for special education programs/services under the Hearing Impairment Rule (R340.1707). ☐ Yes ☐ No

PARTICIPANT SIGNATURES

As a member of the Evaluation Team, my input is included in writing and I agree with the eligibility recommendation: (Sign and check below. Attach more complete statement if an Evaluation Team member checks no).

	Yes	No		Yes	No
*Audiologist ____________________	☐	☐	Other/Role ____________________	☐	☐
Other/Role ____________________	☐	☐	Other/Role ____________________	☐	☐
Other/Role ____________________	☐	☐	Other Role ____________________	☐	☐

*Mandated