Deaf-Blindness

Assessment Documentation

School System_____ School_____ Grade_____

Student_____ Date of Birth____/_____/_____ Age____

1. Definition		
▪ evidence of concomitant hearing and visual impairments, the combination causes such severe communication and other developmental and educational needs they cannot be accommodated in special education programs by addressing any one of the impairments. The child has at least one of the following		
o meets criteria for Deafness/Hearing Impairment and Visual Impairment	❑ Yes	❑ No
o is diagnosed with a degenerative condition or syndrome which will lead to Deaf-Blindness, and whose present level of functioning is adversely affected by both hearing and vision deficits	❑ Yes	❑ No
o severe multiple disabilities due to generalized central nervous system dysfunction, and who exhibits auditory and visual impairments or deficits which are not perceptual in nature	❑ Yes	❑ No
2. Evaluation Procedures for Deafness or Hearing Impairments		
▪ audiological evaluation	❑ Yes	❑ No
▪ evaluation of speech and language performance	❑ Yes	❑ No
▪ school history and levels of learning or educational performance – Deafness/Hearing Impairment	❑ Yes	❑ No
▪ observation of the child's auditory functioning and classroom performance	❑ Yes	❑ No
3. Evaluation Procedures for Visual Impairments		
▪ eye exam and evaluation that includes documentation of eye condition with best possible correction and etiology, diagnosis, and prognosis	❑ Yes	❑ No
Written Functional Vision and Media Assessment		
▪ observation of visual behaviors – school, home, other	❑ Yes	❑ No
▪ educational implications of eye condition (from eye report)	❑ Yes	❑ No
▪ assessment and/or screening - expanded core curriculum skills	❑ Yes	❑ No
▪ school history and levels of educational performance related to visual impairment	❑ Yes	❑ No
▪ medical statement confirming condition or syndrome leading to Deaf-Blindness and prognosis – if yes, complete below	❑ Yes	❑ No
Name of Physician_____ Date of report_____		
▪ expanded core curriculum skills assessment that includes Deafness/ Hearing Impairment	❑ Yes	❑ No
▪ assessment of speech/language functioning, including the child's mode of communication	❑ Yes	❑ No
▪ assessment of developmental and academic functioning	❑ Yes	❑ No
▪ documentation (observation and/or assessment) of how Deaf-Blindness adversely impacts educational performance	❑ Yes	❑ No

_____ _____/_____/_____

Signature of Assessment Team Member Date

_____ _____/_____/_____

Signature of Assessment Team Member Date

_____ _____/_____/_____

Signature of Assessment Team Member Date