

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. | | | | | | |
| | 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"/> |
|---|--------------------------|--------------------------|