INSERT SOP NAME

Deafness Worksheet

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| Name: | Meeting Date: |
| DOB: | Grade: |

In application of the Virginia Department of Education’s Regulations Governing Special Education Programs for Children with Disabilities in Virginia, this worksheet may assist the eligibility group in applying criteria for students who are being considered for eligibility under the category of Deafness. Review the definition, consider the items below and note any additional information. Attach this worksheet to the Eligibility Summary Form and include any necessary documentation.

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| STEP  1 | DEFINITION: ***“Deafness” means a hearing impairment that is so severe that the child is impaired in processing linguistic information through hearing, with or without amplification ,and that adversely affects the child’s educational performance.*** |

AND

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| STEP  2 | There is documentation of Deafness.  The child has (check all that apply)  ⁭ a bilateral hearing loss (sensorineural, or mixed conductive, and  sensorineural),  ⁭a fluctuating or a permanent hearing loss,  ⁭documented auditory dyssychrony (auditory neuropathy) and/or  cortical deafness  Describe: |

AND

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| STEP  3 | There is documentation of an adverse effect on educational performance due to the Deafness.  List and/or describe: |

AND

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| --- | --- |
| STEP  4 | Due to the identified Deafness, the student needs specially designed instruction. |