

Name of Student:

Date:

## Disability Determination Deaf-Blindness

### Exclusionary Criteria

The IEP team has **ruled out** the following factors to be the primary basis for the student's learning difficulties:

- Intellectual       Behavioral       Cultural       Linguistic

### Inclusionary Criteria

The student must demonstrate **1 or more** of the following:

Yes No

- Visual Acuity Loss.  
  Visual Field Loss.  
  Changing or Degenerating Physical Condition affecting Vision

**And**

The student must demonstrate **1 or more** of the following:

Yes No

- A sensorineural or ongoing conductive hearing loss with sensitivity of 30 dB HL or poorer.  
  Functional auditory behavior that is significantly discrepant from the student's present cognitive and/or developmental levels.

**And**

Yes No

- An audiological evaluation has been completed.

### Other Information

- The student meets the Deaf-Blindness Impaired criteria.  
 The student does not meet the Deaf-Blindness Impaired criteria.