

Name of Student:

Date:

## Disability Determination Hearing Impairment

### 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**

- Hearing Loss.  
  Fluctuating Hearing Loss.  
  Changing or Degenerating Physical Condition.

**And**

**Yes No**

- An audiological evaluation substantiates the above.

Other Information

- The student meets the Hearing Impaired criteria.  
 The student does not meet the Hearing Impaired criteria.