

Date _____

**STATEMENT OF ELIGIBILITY
ELIGIBILITY TEAM REPORT
DEAF-BLINDNESS**

Pupil's Name _____ Birthdate _____ Grade _____

According to state regulations (NAC 388):

- This pupil **is not eligible** for special education under the category of deaf-blindness
- This pupil **is eligible** for special education under the category of deaf-blindness, based on the following criteria.

CRITERIA FOR DEAF-BLINDNESS

- The pupil has a **hearing impairment** which satisfies any one or more of the following criteria:
 - (1) The pupil has an average hearing threshold level, at 500, 1,000 and 2,000 Hz, of 26 decibels or more; or
 - (2) The pupil suffers from a progressive deterioration of the pupil's hearing, the probable result of which will be the condition described in subparagraph (1).
- The pupil has a **visual impairment** which satisfies one or more of the following criteria:
 - (1) The visual acuity of the pupil does not exceed 20/70 in the better eye with the best possible correction;
 - (2) The vision of the pupil in the better eye is restricted to a field which subtends an arc of not more than 20 degrees; or
 - (3) The pupil suffers from a progressive deterioration of the pupil's vision, the probable result of which will be one or more of the conditions described in subparagraph (1) and (2).
- The controlling factor for the pupil's eligibility is not the lack of appropriate instruction in reading, including the essential components of reading instruction, or appropriate instruction in math.
- The controlling factor for the pupil's eligibility is not limited English proficiency.
- By reason of the pupil's Deaf-Blindness, the pupil needs special education and related services.

Eligibility Team Members:

If not otherwise a member of the team, the eligibility team must also include a person qualified to interpret comprehensive audiological and vision examinations.

Signature/Parent		Signature/Speech and Language Specialist	
	Agree/Disagree		Agree/Disagree
Signature/Special Education Teacher or Regular Classroom Teacher		Signature/Person Qualified to Interpret a Health Assessment	
	Agree/Disagree		Agree/Disagree
Signature/Title		Signature/Title	
	Agree/Disagree		Agree/Disagree

- Any decision of an eligibility team must be justified in a written report. Parents have been provided a copy of the report and any other documentation relating to the determination of the pupil's eligibility. (NAC 388.340.4)