

03.04.03 Deaf-Blind

Student Name: _____ DOB _____

Building: _____ Reviewer Name: _____

Date of Evaluation Report: _____ Eligible: ___ Yes ___ No

Evaluation ⇒ (Must meet initial criteria) Reevaluation ⇒ (Must address criteria components)

“Deaf-Blind” means medically verified visual loss coupled with medically verified hearing loss, that together, interfere with acquiring information or interacting in the environment. Both conditions need to be present simultaneously, and the student must meet the criteria for both visually impaired and deaf and hard of hearing to be eligible for special education services under this category.

Based on information in the Evaluation Report and the student file, the student **must meet the requirements in 1 OR 2 below**. The determination must be made by a multidisciplinary team and supported by information collected from multiple settings and sources.

1. Blind and Deaf: Documentation verifies meeting criteria for both disability areas below:

_____ Visual Impairment
See Minnesota Rule 3525.1345 for criteria.

_____ Deaf and Hard of Hearing
See Minnesota Rule 3525.1331 for criteria.

2. Documentation for STUDENTS AT RISK

If no documentation is present for either visual impairment or deaf and hard of hearing, then **one** of the following items below must be documented:

- _____ is already identified as deaf or hard of hearing or visually impaired but has not yet had a medical or functional evaluation of the other sense (vision or hearing)
- _____ has an identified condition such as Usher Syndrome or Optic Atrophy that includes a potential deterioration of vision or hearing in the future
- _____ has a medically or functionally identified hearing loss and a verified deficit in vision determined by a functional evaluation in the learning environment
- _____ has a medically or functionally identified vision impairment and verified hearing loss determined by a functional evaluation in the learning environment.
- _____ has an identified syndrome or condition that includes hearing and vision loss in combination with multiple disabilities (e.g., CHARGE Syndrome)

Review of Eligibility Determination

To determine compliance with eligibility determination, one of the following **MUST** be checked.

- _____ The documentation supports the team decision.
- _____ The documentation does not support the team decision.

For complete information regarding disability criteria requirements, refer to Minnesota Rule 3525.1352