

COMPLIANCE VERIFICATION FORM

Deaf-Blindness

07-2 AAC Criteria

Student's Name _____ Reviewer _____ Date _____

	Deaf-Blindness Evaluation Requirements	EVAL		ELIG RPT		N/A	COMMENTS
		YES	NO	YES	NO		
	1. Audiological Evaluation.						
	2. Optometric/Ophthalmic Evaluation.						
	3. Performance measures such as developmental scores, diagnostic test(s), observations, communication evaluations, orientation and mobility assessments that document how the impairment adversely affects the educational performance of the child.						

The following information must also be included on the eligibility report:

For Initial Evaluation

Prong 1

- | | Yes | No |
|---|--------------------------|--------------------------|
| Documentation that the child was provided appropriate instruction in regular education settings | <input type="checkbox"/> | <input type="checkbox"/> |
| Documentation that instruction was delivered by qualified personnel | <input type="checkbox"/> | <input type="checkbox"/> |

Prong 2

- | | | |
|---|--------------------------|--------------------------|
| Data-based documentation of repeated assessments of achievement at reasonable intervals reflecting formal assessment of student progress during instruction | <input type="checkbox"/> | <input type="checkbox"/> |
| Documentation above was provided to the parent | <input type="checkbox"/> | <input type="checkbox"/> |

At Every Reevaluation

- | | | |
|---|--------------------------|--------------------------|
| Documentation that instruction was delivered by qualified personnel | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|