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| **STUDENT NAME:** | | | **SIMS:** |
| **SCHOOL DISTRICT:** | **SCHOOL:** | **MEETING DATE:** | |
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| **Deaf Blindness – 500 ARSD: 24:05:24.01:07** |

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| The Eligibility Team has compared and interpreted the data on the front page of the eligibility document and has the following interpretation: | |
| Both a vision and hearing impairment exists which: **(Must meet both criteria)** | |
| Yes No | Causes such severe communication **and** |
| Yes No | Other developmental and educational needs that they cannot be accommodated in special education programs solely for children with deafness or children with blindness. |
| Adverse effects in educational performance must be verified through the full and individual evaluation procedures as provided in § 24:05:25:04. **(This is addressed on page 3 of the Main Eligibility Document)** | |

The Eligibility team determined that:

Yes  No - The student meets criteria under the category of **Deaf Blindness**