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| **STUDENT NAME:** | | | **SIMS:** |
| **SCHOOL DISTRICT:** | **SCHOOL:** | **MEETING DATE:** | |
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| **Hearing Loss– 515 ARSD: 24:05:24.01:10** |

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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: | |
| A student may be identified as having a hearing loss if: | |
| Yes No | An unaided hearing loss of 35 to 69 decibels is with or without the help of amplification. |
| Yes No | The hearing loss makes the acquisition of receptive and expressive language skills difficult. |

The Eligibility team determined that:

Yes  No - The student meets criteria under the category of **Hearing Loss**