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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: |
| 1 | A student may be identified as having a hearing loss if: |
| [ ] Yes [ ] No | An unaided hearing loss of 35 to 69 decibels is present that makes the acquisition of receptive and expressive language skills difficult with or without the help of amplification. |

The Eligibility team determined that:

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