



ALPENA-MONTMORENCY-ALCONA EDUCATIONAL SERVICE DISTRICT

2118 US 23 SOUTH, ALPENA, MI 49707 PHONE (989) 354-3101 FAX (989) 356-3385

VERIFICATION OF HEARING IMPAIRMENT

This information will be used to help determine eligibility for special education services based on the Michigan Revised Administrative Rules for Special Education.

INFORMATION TO BE COMPLETED BY SCHOOL PERSONNEL:

Student's Name _____ Birthdate _____

Parent's Name _____

INFORMATION TO BE COMPLETED BY AUDIOLOGIST AND OTOLARYNGOLOGIST OR OTOLOGIST:

1. The student is deaf, i.e., has a hearing impairment that is so severe that the student is impaired in processing linguistic information through hearing, with or without amplification. No Yes
2. The student is hard of hearing, i.e., has a permanent or fluctuating hearing loss which is less severe than the hearing loss of students who are deaf and which generally permits the use of the auditory channel as the primary means of developing speech and language skills. No Yes
3. The student's condition is lifelong. No Yes
4. In your opinion, does the student have a hearing impairment that adversely affects his or her educational performance to the extent that special education services may be needed? No Yes
How might this impairment adversely affect the student's educational performance?

5. Prognosis: The student's condition is stable. The student's condition is improving.
 The student's condition is deteriorating.

6. Comments:

Audiologist's Signature

Date

Audiologist's Printed Name

Otolaryngologist's/Otologist's Signature

Date

Otolaryngologist's/Otologist's Printed Name

Please return the completed form to: _____