



**MET ELIGIBILITY RECOMMENDATION –Deaf Blindness (D-B)  
Rule 340.1717**

| Student Information                           |                         |                   |
|---|-------------------------|-------------------|
| UIC Code: _____                               | Date: _____             | Grade: _____      |
| Student Name: _____ Birthdate: ____/____/____ |                         |                   |
| Last  | First                   | Middle            |
| Resident Dist: _____                          | Attending School: _____ | Oper. Dist: _____ |

|  |
|--|
| This eligibility recommendation is a(n) :   ___  Initial Determination   ___  Re-Determination |
|--|

**Attach reports to substantiate the following**

| Yes | No | <b>Eligibility Requirement</b>   |
|-----|----|--|
| —   | —  | <p>The student has concomitant hearing impairment and visual impairment, the combination of which causes severe communication and other developmental and educational needs that cannot be accommodated in special education programs without additional supports to address the unique needs specific to deaf-blindness.</p> <p>Deaf-blindness also means both of the following:</p> <ul style="list-style-type: none"> <li>• The student has documented hearing and visual losses that, if considered individually, may not meet the requirements for visual impairment, but the combination of the losses affects educational performance.</li> <li>• The student functions as if he/she has both hearing and visual losses, based upon responses to auditory and visual stimuli in the environment, or during vision and hearing evaluations.</li> </ul> |
| —   | —  | <p>The determination of the disability is based upon data provided by a multidisciplinary evaluation team, which shall include assessment data from all of the following:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Medical specialists such as any of the following:             <ul style="list-style-type: none"> <li>• an ophthalmologist</li> <li>• an optometrist</li> <li>• an audiologist</li> <li>• an otolaryngologist</li> <li>• an otologist</li> <li>• a family physician or any other approved physician as defined in 1978 PA 368, MCL 333.1101 et seq.</li> </ul> </li> <li><input type="checkbox"/> A teacher of students with visual impairment</li> <li><input type="checkbox"/> A teacher of students with hearing impairment</li> </ul>   |

UIC Code: \_\_\_\_\_

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_  
Last First Middle

**Assurance Statements**

Tests used in the assessment process were administered in accordance with evaluation procedures outlined in IDEA 300.304 including, but not limited to, the following: assessments were administered by trained personnel using standardized instructions; validated for the specific purpose for which they are used; designed to assess specific areas of educational need, and not merely to provide a single general intelligence quotient; reflective of a person’s aptitude, achievement or whatever other factors the test purports to measure, rather than reflecting the person’s impairments, unless this is what the test is intended to measure; selected and administered so as not to be socially, racially or culturally discriminatory and; in the student’s native language where necessary.

In accordance with IDEA 300.306 eligibility is not primarily due to a lack of instruction in reading, math or limited English proficiency. Procedures for determining eligibility and educational need. (1) In interpreting evaluation data for the purpose of determining if a child is a child with a disability under § 300.8, and the educational needs of the child, each public agency must—(i) Draw upon information from a variety of sources, including aptitude and achievement tests, parent input, and teacher recommendations, as well as information about the child’s physical condition, social or cultural background, and adaptive behavior; and (ii) Ensure that information obtained from all of these sources is documented and carefully considered.

| Yes | No  | Eligibility Recommendation   |
|-----|-----|--|
| ___ | ___ | All eligibility requirements have been met.                                |
| ___ | ___ | The impairment necessitates special education or related services, or both |

**Therefore, we recommend to the IEP team, who will determine eligibility, that**

\_\_\_ based on the data above, the MET team recommends to the IEP team that this student **does meet** eligibility criteria as a student with a **Deaf-blindness Impairment Rule 340.1717**

\_\_\_ based on the data above, the MET team recommends to the IEP team that this student **does not meet** eligibility criteria as a student with a **Deaf-blindness Impairment Rule 340.1717**

MET MEMBERS: Identify name, identify title, and attach a statement of disagreement if necessary

| Name  | Title                                       |
|-------|---|
| _____ | Teacher of students with visual impairment  |
| _____ | Teacher of students with hearing impairment |
| _____ | _____                                       |
| _____ | _____                                       |
| _____ | _____                                       |