



Deaf-Blind (DB)

Student Name: _____

Date of Birth: _____

Building: _____

Reviewer Name: _____

Date of Evaluation Report: _____

Eligible: ____ Yes ____ No

_____ Evaluation (must meet initial criteria)

_____ Reevaluation

Based on information in the evaluation report and the student file, the student must meet the requirements below.

Deaf and Blind -- Documentation verifies meeting criteria for both disability areas below:

_____ Visual Impairment

See Minnesota Rule 3525.1345 for criteria

_____ Deaf and Hard of Hearing

See Minnesota Rule 3525.1331 for criteria

Review of Eligibility Determination

To determine compliance with eligibility determination, one of the following **must** be checked.

_____ The documentation supports the team decision.

_____ The documentation does not support the team decision.

For complete information regarding disability criteria requirements, refer to Minnesota Rule 3525.1327.