

GREENE COUNTY SCHOOLS
CERTIFICATION OF HEARING IMPAIRED

NAME _____ SCHOOL _____
AGE _____ DATE OF BIRTH _____ GRADE _____

I. Speech and Language Performance

A. Speech Assessment: _____

B. Language Assessment: _____

Speech Clinician _____ DATE _____

II. School History and Levels of Educational Performance

A. Summary of past educational performance: _____

B. Current levels of educational performance: _____

III. Assessment of Vocational and Social Competency

A. Vocational and social competencies are age appropriate: YES _____ NO _____
B. If no, document deficient vocational and/or social competencies: _____

IV. Date of Audiological Evaluation (Report Attached): _____

A. Name of certifying specialist: _____

V. CERTIFICATION

This student meets the following criteria to be certified as hearing impaired:

- A. Inability to communicate effectively due to hearing impairment.
- B. Inability to perform academically on a level commensurate with the expected level because of hearing problems.
- C. Delayed language development due to hearing impairment.
- D. Hearing impairment which influences vocational or social competency.