# CRITERIA FOR DISABILITY CATEGORY

### **DEAFBLIND**

### Form ER-1-DB (Rev. 06/2023)

Date form completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LEA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Student\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WISEid\_\_\_\_\_\_\_\_\_\_\_ LEA’s Student ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Initial evaluation or considering new disability category *(must complete all sections)*

Reevaluat~~ion~~ing category for continuing identification *(sections I and II optional, must complete section III)\**

This form is provided to assist individualized education program (IEP) teams as one part of a comprehensive special education evaluation to document if a student meets the disability category criteria under [Chapter 115, Wis. Stats](https://docs.legis.wisconsin.gov/statutes/statutes/115)., and [PI 11.36, Wis. Admin. Code](https://docs.legis.wisconsin.gov/code/admin_code/pi/11/36). The IEP team should complete this form to document whether or not the student meets the disability category criteria or if ~~during a~~ reevaluating~~ion~~, the student’s disability continues to adversely affect the student’s educational performance. Attach the criteria form to the Evaluation Report, DPI sample form ER-1, that includes additional information to determine special education eligibility.

Deafblind means concomitantly deaf or hard of hearing and blind or visually impaired, the combination of which causes severe communication and other developmental and educational needs such that the individual disability-related needs of the student extend beyond the instruction and supports required for a student who is solely deaf or hard of hearing or blind or visually impaired. [PI 11.36 (4m), Wis. Admin. Code](https://docs.legis.wisconsin.gov/document/administrativecode/PI%2011.36(4m))*.* Refer to [Forms Guide](https://dpi.wi.gov/sped/laws-procedures-bulletins/procedures/sample/forms) for more information.

Criteria\* for the disability category of deafblind can be documented as follows:

## SECTION I. VISION AND HEARING EVALUATION

*Both must be checked yes.*

Yes  No **Conducted a comprehensive evaluation that includes completion of the criteria forms for Deaf and Hard of Hearing and Blind and Visually Impaired (must be checked yes).**

Yes  No The student meets one of the following conditions:

Meets the criteria for deaf and hard of hearing specified in PI 11.36 (4) and blind and visually impaired specified in PI 11.36 (3).

Meets deaf and hard of hearing criteria and has a documented clinical or functional vision loss.

Meets blind and visually impaired criteria and has a documented clinical or functional hearing loss.

Has a documented diagnosis of a progressive medical condition that will result in concomitant hearing and vision losses (e.g. Usher’s Syndrome).

*Explain or reference data or evidence to support (may reference Deaf and Hard of Hearing and Blind and Visually Impaired criteria forms):*

## SECTION II. EDUCATIONAL IMPACT

*All three must be checked yes.*

Yes  No There is an adverse effect on communication (e.g., apply information, communicate effectively with peers and adults in a variety of situations, express needs and be able to self-advocate, understand the nuances of communication exchange). *Explain or reference data or evidence:*

Yes  No There is an adverse effect on developmental performance (e.g., the ability to learn and problem solve, concept development, sensory awareness). *Explain or reference data or evidence:*

Yes  No There is an adverse effect on educational performance (e.g., academic achievement, measured by classroom performance and standardized tests, and functional performance, including engaging with peers and adults, executive functioning skills, and sensory regulation). *Explain or reference data or evidence:*

## SECTION III. DISABILITY CATEGORY CRITERIA DETERMINATION

Initial evaluation or considering new disability category

Yes  No The documentation of the criteria above demonstrates concomitantly deaf or hard of hearing and blind or visually impaired, the combination of which causes severe communication and other developmental and educational needs such that the individual disability-related needs of the student extend beyond the instruction and supports required for a student who is solely deaf or hard of hearing or blind or visually impaired. The student meets the disability category criteria for ~~under~~ **deafblind**. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to be eligible for special education (document the need for specially designed instruction on the ER-1).

Reevaluat~~ion~~ing category for continuing identification\*

Yes  No The student was previously found eligible for special education, having met ~~as meeting~~ the disability category criteria for ~~under~~ **deafblind,** and continues to have a disability that adversely affects the student’s educational performance. A student whose disability has an adverse effect on educational performance must be found to require specially designed instruction in order to continue to be eligible for special education (document the need for specially designed instruction on the ER-1). *Explain or reference data or evidence:*

*\** A student ~~who~~ previously found eligible for special education, having met the disability category criteria for ~~under~~ ~~the disability category of~~ deafblind**,** is not required to meet initial identification criteria upon reevaluation.