

<p><b><i>Deaf or Hard of Hearing</i></b></p> <p>Level 2 funding allocation (Revised July, 2006) <b>1701 Code F</b></p>	<p>Student Name: _____</p> <p>(9 digit) PEN _____</p> <p>Date: _____</p>
<p><b>To be eligible, the following must be met:</b></p>	
<p>Assessment documentation shows that ...</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> The student has a medically diagnosed significant bilateral hearing loss, a unilateral loss with significant speech/language delay, or a cochlear implant (typically documented in a report from a health professional such as an audiologist).</li> <li><input type="checkbox"/> Assessment information indicates that the student has substantial educational difficulty due to the hearing loss.</li> </ul>	<p>There must be documentation to support that the student has been appropriately assessed and identified by the school district as meeting the criteria of the special education category.</p> <p>Criteria for reporting of Unilateral Hearing Loss</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> There is an annual assessment;</li> <li><input type="checkbox"/> The unilateral hearing loss is moderate to profound, and</li> <li><input type="checkbox"/> The student has educationally significant problems directly attributable to the loss.</li> </ul>
<p>There is documented evidence that ...</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> A current IEP is in place, dated after September 30, previous school year.</li> <li><input type="checkbox"/> The IEP has individualized goals and measurable objectives, with adaptations and or modifications where appropriate, and strategies to meet these goals.</li> <li><input type="checkbox"/> The goals correspond to the category in which the student is identified.</li> <li><input type="checkbox"/> The services outlined in the IEP relate to the identified needs of the student.</li> <li><input type="checkbox"/> The student is receiving special education services to address the needs identified in the assessment documentation that are beyond those offered to the general student population and are proportionate to level of need.</li> <li><input type="checkbox"/> The student is being offered learning activities in accordance with the IEP.</li> <li><input type="checkbox"/> The IEP outlines methods for measuring progress in relation to the IEP goals.</li> <li><input type="checkbox"/> A parent was offered the opportunity to be consulted about preparation of the IEP.</li> </ul> <p>Note: Reduction in class size is not by itself a sufficient service.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> A qualified teacher of the deaf and hard of hearing provides the services.</li> </ul>
<p>Refer to <i>Special Education Service: A Manual of Policies Procedures and Guidelines (2006)</i> for complete information at <a href="http://www.bced.gov.bc.ca/specialed/ppandg">www.bced.gov.bc.ca/specialed/ppandg</a></p>	
<p>Student's Name: _____ DOB: _____ Grade: _____ School: _____</p> <p>Parent/Guardian Name: _____ Ph. #: _____</p> <p>Address: _____ Postal Code: _____</p> <p>Principal's Signature: _____ Hearing Teacher: _____</p>	