

GREENE COUNTY SCHOOLS
CERTIFICATION OF HEARING IMPAIRMENT

STUDENT _____ SCHOOL _____
GRADE _____ DATE OF BIRTH _____

Please determine if this student meets the following criteria to be certified as hearing impaired:

Criteria for Certification

(Student must have one or more of the following characteristics):

- _____ 1. Inability to communicate effectively due to hearing impairment.
- _____ 2. Inability to perform academically on a level commensurate with the expected level because of hearing problem.
- _____ 3. Delayed language development due to hearing impairment.
- _____ 4. Hearing impairment which influences vocational or social competency.

Classification (Check If Applicable)

- _____ 1. Normal limits or mild loss - language development, communication and educational performance will not or should not be adversely affected by hearing.
- _____ 2. Hard of Hearing - Sufficient residual hearing for communication with others, with or without amplification. This hearing impairment whether permanent or fluctuating may adversely affect educational performance.
- _____ 3. Deaf - Hearing impairment is so severe that learning is not acquired primarily through the auditory channels, even with amplification, is considered deaf child needs extensive special instruction to develop communicative and learning skills.

_____ AUDIOLOGIST OR PHYSICIAN _____ DATE

Recommendations or considerations for the School System: _____

Please send this form and a copy of the audiological evaluation to:

**Greene County Schools
Special Education Department
910 West Summer Street
Greeneville, TN 37743**

***PLEASE SEND A COPY
OF THE AUDIOGRAM.**