

Verification of Disability in the Education Adjustment Program Category of Hearing Impairment

Members of the non state school team complete this form collaboratively, ensuring that relevant personnel have been involved in the data gathering and decisions relating to the impairment and activity limitations and participation restrictions for this student.

This verification form is used for verification requests for students enrolled in non state schools only.

This form consists of the following sections which **must** be completed:

- **PART A** Student Details
- **PART B** Evidence Supporting Verification of Disability
- **PART C** Principal Request for Verification of Disability

Please attach signed EAP consent form and supporting documentation (and medical reports) as appropriate.

Email this completed verification request to: hi.eap@qed.qld.gov.au

Subject line: EAP Verification Request - Student Name

PART A: Student Details

Last Name

Date of Birth

First Name

Sex

AIMS ID

EQ ID

Year Level

Non State School

Phone

School Address

School contact person

Role

Email Address

Phone

Existing Categories:

Nil

ASD

HI

ID

PI

SLI

VI

This verification request is for:

Initial Verification (i.e. no previous verifications)

Review of an existing verification

Review of an expired verification (more than 2 years past verification review date on AIMS)

Adding a new category to an existing verification

Removal from an existing category.

EAP Office Use Only:

Date Received:

Assigned:

AIMS:

Database:

Archive:



**Part B: Evidence Supporting Verification of Disability in the Education Adjustment Program
Category of Hearing Impairment**

Criterion 1: Evidence of a hearing loss greater than 20 dB HL at any one frequency

- (1a) Evidence of impairment must consist of an audiogram and written report provided by an audiologist or otolaryngologist.
- (1b) For a diagnosis of hearing impairment that is based on sensorineural, permanent conductive or mixed hearing loss, the most current audiogram and report will be accepted.
- (1c) For diagnosis of hearing impairment based on fluctuating conductive loss, an audiogram administered not more than 12 months prior to verification and the associated report must be provided. Additionally, a history of persistent hearing loss must be provided.

The attached *signed* report is provided by an Otolaryngologist and / or an Audiologist and includes a copy of the student's *most current* audiogram provided by the specialist identified below.

Audiologist/ Otolaryngologist Report (please attach copy)

Otolaryngologist

Name **Hospital**
Report date **Private practice/clinic**

Audiologist

Name **Australian Hearing Centre**
Report date **Hospital**
Private practice/clinic

Other medical reports and/or audiograms have been provided to inform the verification process

Hearing Impairment Specialist Teacher Report:

HEARING LOSS: Type

What type of hearing loss does the student have?

Left Ear	Right Ear
sensorineural	sensorineural
conductive	conductive
mixed	mixed
nil/resolved	nil/resolved

- For **removal** of the student from the HI category:
- No further information relating to Criterion 1 is required
 - Attach relevant results of hearing testing
 - Send in the verification form with the Hearing Impairment Specialist teacher's and Principal's signatures.

If 'resolved' explain how the hearing loss has resolved:

CONDUCTIVE HEARING LOSS HISTORY (if applicable)

Please attach medical reports or records, previous audiograms, screening results or other documentation which support a history of persistent conductive hearing loss as required for verification based on fluctuating conductive hearing loss.

Conductive hearing loss has been identified and is

permanent (give details below)

fluctuating / temporary

Age when middle ear pathology was first recognised: years months

Describe the history (e.g. recurrence, time frames, medical treatment and outcomes):

Grommets have been inserted: No Yes

If yes, how many times/ at what age/s?

Grommets are currently in place: No Yes

Serial audiograms/ hearing screening results are attached dated between: and

Number of audiograms/reports:

ASSISTIVE LISTENING TECHNOLOGY

Hearing aid/s

- behind the ear bone conduction
- in the ear bone anchored
- in the canal other:

Age of first fitting: years months

Cochlear implant/s

Age when implanted: **Left:** years months **Right:** years months

FM System

Soundfield amplification system

Other system or device

No assistive technology

Describe use and benefit in different environments:

AUDITORY SKILLS AND FUNCTIONING:

Provide a summary of any speech perception test results:

Describe the student's development and use of audition:

COMMUNICATION

Describe the student's communication skills including speech and language development:

Describe the student's ability to access spoken language and other sounds in different environments or contexts:

Describe the student's communication mode/s in different environments or contexts:

Reports Attached

Hearing Impairment Specialist Teacher

Name		Date
Signature	Email	
Phone	Mobile	Region
Address		

Criterion 2: The hearing loss must be shown to manifest itself in activity limitations and participation restrictions in the school context.

This section is to be completed by the **student's teacher** with support from the school team. Information about the Hearing Impairment can be obtained from discussion with the student and/or parent, the Hearing Impairment specialist teacher and school team.

Provide a summary statement in the relevant sections only:

Evidence of the educational impact of the identified impairment

The *Prompts for HI Criterion 2 Form* can be used as a *guide* for the completion of this section
<https://education.qld.gov.au/student/Documents/prompts-hi.pdf>

CURRICULUM

achieved curriculum - knowledge, functioning and understanding of the world - teaching strategies - resources - assessment/reporting

Describe the **student's functioning** related to the **hearing impairment**:

Describe the **associated education adjustments**:

COMMUNICATION

receptive - expressive - pragmatics (language use) - speech

Describe the **student's functioning** related to the **hearing impairment**:

Describe the **associated education adjustments**:

SOCIAL PARTICIPATION / EMOTIONAL WELLBEING

social/interaction skills - self-management strategies

Describe the **student's functioning** related to the **hearing impairment**:

Describe the **associated education adjustments**:

LEARNING ENVIRONMENT / ACCESS

classroom and non-classroom environment - organisational skills - mobility - access

Describe the **student's functioning** related to the **hearing impairment**:

Describe the **associated education adjustments**:

HEALTH AND PERSONAL CARE, SAFETY

health management - risk management - personal care skills

Describe the **student's functioning** related to the **hearing impairment**:

Describe the **associated education adjustments**:

Criterion 2 Information completed by:

Name (Student's Teacher)

Date

Signature

Phone

Email

Other Persons involved: (including student and/or parent)

Name

Email

Role

Name

Email

Role

Name

Email

Role

Name

Email

Role

Name

Email

Role

Name

Email

Role

Part C: Principal Request for Verification of Disability in the Education Adjustment Program Category of Hearing Impairment

Verification of disability in the EAP category of Hearing Impairment according to departmental criteria is requested for the following student according to the details outlined in PART A and PART B of this report and the related attachments:

Student Name

School

Date of Birth

In making this request I have ensured that:

- the student is enrolled and attending the school
- a completed *EAP Consent Form* is kept in the student's school file and a copy attached to this verification request
- discussions have been held with the parent and/or student regarding this verification and agreement to proceed has been reached
- appropriate personnel have been involved in data gathering and reporting
- processes are in place to support this student within the school
- all documents for verification are complete
- the original EAP Verification Form is kept in the student's school file
- copies of relevant documents will be sent to the EAP Verification Team
- student details are registered on the Adjustment Information Management System (AIMS)

Principal Name

Email Address

Principal Signature

Date