



DEAF-BLIND PROJECT CERTIFICATION CHECKLIST:

- ___ Cover page application
- ___ Parent email(s)
- ___ Current vision report by an ophthalmologist, optometrist, or neurologist specializing in vision
- ___ Current audiologist report
- ___ Current IEP or IFSP
- ___ Functional Vision & hearing evaluations may be submitted for additional information (optional)
- ___ All sections on the Cover Page Application are completed and legible.

Email application to kkirchhoff@kssdb.org

Certification for Deaf-Blind Eligibility Cover Page Application

This application is: Initial Certification ___ Recertification ___

Student Name: _____ Date of Birth: _____

Parent Name #1: _____

Parent #1 Address: _____

Parent #1 Email: _____

Parent #1 Phone: _____

Parent #2 (If applicable): _____

Parent #2 Address: _____

Parent #2 Email: _____

Parent #2 Phone: _____

School Contact Information

USD# of attending district or name of program: _____

Attending School: _____

County that school is located in: _____



School Contact Person: _____

School Contact's Email: _____

School Contact's Phone: _____

VISION EVALUATION SUMMARY

Does the student have CVI? Yes _____ No _____

Date of Evaluation: ____ / ____ / ____

Findings:

HEARING EVALUATION SUMMARY

Does the student have a cochlear implant? Yes _____ No _____

Date of Evaluation: ____ / ____ / ____

Findings:

IEP OR IFSP SUMMARY

Date of Evaluation: ____ / ____ / ____

Findings:



CONSENT FROM PARENTS AND/OR GUARDIANS

1. I give consent for my child's school/district to release information about my child to the Kansas Deaf-Blind Project. I also agree to allow consultants from the Kansas Deaf-Blind Project to observe my child in person or online and to provide technical assistance to the school team if requested by the school team.

YES _____ NO _____

2. I give consent for the KS Deaf-Blind Project to submit my child's name and information to the Helen Keller National Center for additional services.

YES _____ NO _____

3. I give consent for the KS Deaf-Blind Project to submit my child's name and information to Families Together for additional resources and services.

YES _____ NO _____

4. I give consent for the KS Deaf-Blind Project to release information about my child to the KS State School for the Blind and KS School for the Deaf.

YES _____ NO _____

Parent Name (Printed): _____

Relationship to student: _____

Parent Signature: _____

Date: ____ / ____ / _____