Greater Minnesota Psychological Assessments for Deaf, Hard of Hearing and Deafblind Students 2025-2026: Application Form

PLEASE NOTE: This is considered an “outside evaluation” and will require parent/guardian consent. Please confirm that the parent/guardian is interested in an evaluation by a psychologist outside the student’s school (a psychologist that is fluent in ASL with training/experience working with individuals with hearing loss) before submitting an application. Thank you!

Application date: **Referred by:**

Relationship to student: Parent Teacher Other (specify):

Phone: **Email:**

Student Information

Choose one level of service: Intellectual/Adaptive Only Evaluation OR Full Evaluation

Student Name: **DOB:** **Age:**

Gender: Male Female

Ethnicity:

American Indian

Asian American

Black/African American

Hispanic/Latino

White/Caucasian

Other:

County Assistance:

Minnesota Family Investment Program

County social worker

Other county assistance:

No county assistance

Student Address: City: State: Zip:

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Parent/Guardian Information

Parent/Guardian #1: Email: Phone:

Address (if different from student's): City: State: Zip:

Parent/Guardian #2: Email: Phone:

Address (if different from student's): City: State: Zip:

Evaluation Information

School district: **School name:**

3-year special education evaluation due date (month/day/year):

Reason(s) the evaluation is needed (Intellectual/Cognitive/IQ Testing):

(Check all that apply)

- Attention
- Memory
- Learning
- Adaptive/Self-Help/Independence Skills
- Social Functioning
- Emotional Functioning (anxiety, mood, emotional control)
- Behavioral Functioning
- Autism Evaluation
- Developmental Skills

Comment (optional):

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Medical Conditions/Other Special Education Categories/Mental Health Conditions:

(Check all that apply)

- None
- Developmental Cognitive Delay
- Developmental Delay
- DeafBlind
- Autism Spectrum Disorder
- Speech or Language Impairments
- Specific Learning Disabilities
- Emotional or Behavioral Disorders
- Attention Deficit and Hyperactivity Disorder
- Mood Disorder (i.e. Depression, Bipolar Disorder)
- Anxiety Disorder (General Anxiety Disorder, Social Anxiety)
- Seizure Disorder
- Other (specify):

Degree of Hearing Loss (Choose one):

Mild Moderate Severe Profound

Type of Hearing Loss (Choose one):

Sensorineural Conductive Mixed

Unilateral or Bilateral? (Choose one):

Bilateral Unilateral Left Ear Unilateral Right Ear

Has the student been diagnosed with Auditory Neuropathy Disorder? (Choose one):

Yes No

Does the student have vision loss?

Yes No

If the student has vision loss, explain:

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Amplification (Check all that apply):

Bilateral Cochlear Implants

Unilateral Cochlear Implant-Right Ear

Bilateral Hearing Aids

Unilateral Cochlear Implant –Left Ear

Unilateral Hearing Aid – Right Ear

Unilateral Hearing Aid – Left Ear

FM system

Other (specify):

None

Comment (optional):

Communication Methods the Student Uses AT HOME (Check all that apply):

Spoken English

Other spoken language (specify):

American Sign Language

Tactile American Sign Language

Cued Language

Total Communication

Picture Communication System

Other (specify):

None

Comment (optional):

Communication Methods the Student Uses AT SCHOOL *(Check all that apply)*

Spoken English

Other spoken language (specify):

American Sign Language

Cued Language

Tactile American Sign Language

Total Communication

Picture Communication System

Other (specify):

Comment on school communication methods (optional):

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Support Staff/Interpreters (*Check all that apply*):

- Part time special education paraprofessional
- Full time special education paraprofessional
- DeafBlind Intervener
- Part Time ASL Interpreter
- Full Time ASL Interpreter
- Cued Language Transliterator
- Other (specify):

Comment (optional):

Student's Educational Placement (*Check all that apply*):

- In Home Services
- Special Education Resource Room-more than 50% of the day
- Special Education Resource Room-less than 50% of the day
- Mainstream
- Pull out Special Education Services
- Push In Special Education Services
- Residential School for the Deaf or Blind
- Other (specify):

Comment (optional):

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