#### **Hearing Conservation and Audiology Services**

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# VENTURA COUNTY OFFICE OF EDUCATION

Stanley C. Mantooth, County Superintendent of Schools

# Hearing Assistive Technology (HAT) IEP Documentation

Please refer to the Hearing Assistive Technology (HAT) Assessment Guidelines regarding determining the need for HAT. Below are the necessary components for documentation of HAT in an IEP for the Ventura County SELPA. It is important to note that students may use HAT without a Low Incidence qualifying eligibility. In these cases, HAT will not be purchased or maintained using Low Incidence funds.

### **Student Information and Services**

In order to access Low Incidence funds, the student must qualify for a Low Incidence qualifying condition as his/her primary or secondary eligibility: Hard-of-Hearing, Deafness, Deaf/Blindness, Orthopedic Impairment, or Visual Impairment.

### **Annual Goals**

All students who use HAT are required to have an Annual Goal regarding the use of HAT. The goal should be individualized depending on the student's independence level and communication abilities.

### **Accommodations and Modifications OR Strategies and Adaptations for Preschool**

In the "Teacher Directions" or "Directions" box, select "Use of Hearing Assistive Technology (HAT)" from the dropdown menu.

### **Least Restrictive Environment**

Under "Special Factors", select "Yes" for "Assistive technology devices and services" AND select "Yes" for "Low Incidence Equipment to be acquired". From the dropdown menu for both Assistive Technology and Low Incidence, select "Hearing Assistive Technology".

HAT must be documented in the "Offer of FAPE". Indicate when HAT will be utilized, such as "HAT used for all academic subjects" or "HAT used for mathematics".

Hearing aid monitoring is required by IDEA (34 CFR§300.303). Under "Additional Supports for Student", provide a statement describing how the student's personal amplification and/or HAT will be monitored. It must include the frequency of monitoring and identify who will be monitoring.

NOTE: Do not indicate any information re: the type of HAT system to be used in the IEP (e.g., "Phonak Roger" or "Cochlear MiniMic 2+").