



**Guidelines for Documentation
Verification of Hearing Disability**

In order to fully evaluate requests for accommodations or auxiliary aids, the Office of Learning Support Services requests documentation of the student’s hearing disability. The documentation should include an evaluation by an audiologist or other appropriate professional that makes evident the current impact of the hearing impairment as it is related to the accommodation(s) suggested, as well as provides evidence that indicates that the criterion for diagnosis have been met.

The outline listed below is developed to assist you in preparing and submitting the information needed to evaluate requests. Each question must be answered in order for the documentation to be accepted. If, after reading these guidelines, you have any questions, feel free to call the office at (419) 334-8400 X 208.

The following section is to be completed by the diagnosing professional. Please print legibly or type. This information may also be submitted in the form of a clinical narrative:

The following information pertains to:

_____	_____
Last Name	First Name
_____	_____
Social Security #	Date of Birth

1. What is the degree of the hearing loss (mild, moderate, severe, profound)? **Please include a copy of the most recent audiogram.** Also, when was the diagnosis first made, and when was your last contact with the student?

2. Is the hearing loss expected to remain stable or is it expected to decline? If it is expected to decline, describe the progression of the hearing loss.

3. Describe how this hearing disability may affect this student both academically and/or physically. What are his/her functional limitations?

4. Please describe your assessment procedures and evaluation instruments providing both quantitative and qualitative information about the student's abilities.

5. What means of communication has this student used in the past? Also, describe the student's skill in the use of his/her communication skills.

6. What recommendations do you have regarding academic accommodations and /or auxiliary aids (i.e. Phonic Ear, note taker, real time captioning, sign language interpreting, etc.)? Please state your rationale for the accommodations and /or auxiliary aids you have recommended.

7. Are there other associated disabilities? Please describe.

Signature: _____

Print Name and Title: _____

Medical Specialty: _____

License #: _____

Address: _____

Telephone: _____

Please complete the following: FUNCTIONAL IMPACT ASSESSMENT

Limitations: 1. Unable to Determine 2. Mild 3. Substantial

1.	2.	3.	Major Life Activity	1.	2.	3.	Major Life Activity
			Caring for oneself				Learning
			Talking				• Reading
			Hearing				• Writing
			Breathing				• Spelling
			Seeing				• Calculating
			Walking/Standing				• Concentrating
			Lifting/Carrying				• Memorizing
			Sitting				• Listening
			Performing Manual Tasks				Other:
			Eating				
			Working				
			Interacting with Others				
			Sleeping				

What method(s) were utilized to assess functional limitation?

Please list or attach under separate cover.

**Return this information to: Office of Learning Support Services, Roy Klay Hall
Terra Community College
2380 Napoleon Rd.
Fremont, OH 43420**

Thank you for your assistance in helping us to provide the support necessary to create an opportunity for success for this student