

Idaho State UNIVERSITY

Disability Services

Rendezvous Building, Room 125
921 S. 8th Avenue, Pocatello, ID 83209-8121

Documentation of Hearing Loss

Student: _____ **DOB:** _____ has requested disability-related accommodations from the Disability Services office at Idaho State University (ISU) in regards to a hearing impairment. The Americans with Disabilities Amendment Act and Section 504 of the Rehabilitation Act of 1973 protect individuals with disabilities from discrimination and entitles these individuals to reasonable accommodations. In order to establish eligibility, documentation must indicate a disability that substantially limits one or more major life activities. A diagnosis alone will not qualify an individual for accommodations. The documentation must also support the request for accommodations.

A current (within one year) audiogram and audiological report is required to document hearing loss, along with this form. The completed form and documentation may be faxed to (208) 282-4617 or it may be mailed to the address at the top of this page. ISU Disability Services welcomes any additional documentation you would like to include.

To Be Completed by Your Audiologist

1. Contact with Student

- a) Date of initial contact with student: _____
- b) Date of last contact with student: _____
- c) Frequency of appointments with student (e.g., once a week, once a month) _____

2. Diagnosis

- a) Date of Diagnosis: _____
- b) DSM-V or ICD Diagnosis: _____
- c) Does this disorder substantially limit the student? Yes No

If yes, please describe: _____

3. Clinical Description of Diagnosis: Please check all relevant symptoms and add additional symptoms not listed here in the space provided below.

Reliability of Test Findings:

Poor Fair Good Excellent

Please explain the reliability of responses or inconsistencies:

6. Recommended accommodations to facilitate effective communication in the following settings:

Please provide recommended reasonable accommodations and indicate the reason these accommodations are warranted.

a) Face-to- face meetings (e.g., counseling, appointments, meetings with the professor)

b) One-on-one conversations/sessions:

c) Small group conversations:

d) Large group conversations:

e) Large auditorium-style classroom with 50+ students:

f) Small classroom with <50 students:

g) Movies and other audio media:

Certifying Professional

Name (*print*): _____ Date: _____

Profession: _____ License Number: _____

Office Address: _____

Phone: _____ Fax: _____ Email Address: _____

Certifying Professional Signature: _____

Note: Please attach recent Audiology, ENT, Speech Language Pathology, or other pertinent medical documentation. Current (within 1 year) audiogram and report are required.