HEARING DISABILITY VERIFICATION

Services for Students with Disabilities (SSWD) determines reasonable academic accommodations for students with diagnosed disabilities. The documentation provided regarding the disability diagnosis must demonstrate a disability covered under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990. The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities. In addition, in order for a student to receive academic accommodations, the documentation needs to show functional limitations that will impact an individual in an academic setting.

The SSWD Office requires current comprehensive documentation in order to determine appropriate services and accommodations based on functional limitations that may impact the student in the academic setting. The information listed below has been developed to assist the student in working with the treating/diagnosing professional(s) in obtaining the specific and necessary information to evaluate requests for academic assistance based on the diagnosis.

All information requested must be completed as thoroughly as possible. Inadequate information and/or incomplete forms will delay the eligibility review process. All answers to the questions on the form must be legible. It is recommended that answers to the form be typed; illegible handwriting will delay the eligibility review process since the provider will be contacted for clarification.

The professional(s) conducting the assessment and making the diagnosis must be qualified to do so. Qualified professionals to diagnose a hearing impairment include: audiologist, otologist, and otorhinolaryngologist.

The information provided will not become part of the student’s educational records and will be kept in the student’s confidential file at the SSWD Office.

The ADA Coordinator in the Distance Learning Center is the authorized liaison between the two offices. The student’s point of contact will be Marcia Rako – ADA Coordinator. Marcia can be reached at rakom@uwplatt.edu or 800-362-5460.
Diagnostic Information
(Please Print Legibly or Type)

Student Name: ____________________________ Date: __________________

Please include a copy of the most recent audiogram (within the last 3 years) and any other reports which provide additional related information (e.g. psycho-educational testing, neuropsychological test results, etc.). If a comprehensive diagnostic report is available that provides the requested information, copies of that report can be submitted for documentation instead of this form. Please do not provide case notes or rating scales without a narrative that discusses the results.

1. What is the diagnosis? ________________________________

2. What is the date of the diagnosis? ________________________________

3. When was your last contact with the student/patient? ________________________________

4. Severity of the hearing loss (check one): □ mild □ moderate □ substantial
   Describe the severity checked above:

5. Is the student/patient currently under your care? □ yes □ no

6. Describe the progression/history of this condition (historical summary).

7. Is the hearing loss expected to remain stable or is it expected to decline? If it is expected to decline, describe the expected progression of the hearing loss.
8. Describe how this hearing disability may affect this student both academically and/or physically (functional limitations).

9. Describe your assessment procedures and evaluation instruments providing both quantitative and qualitative information about the student’s abilities.

10. 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.
11. What recommendations do you have regarding accommodations and/or auxiliary aids in an academic setting? Also, state your rationale for the accommodations and/or auxiliary aids you have recommended.

12. Describe any other associated disabilities.

13. Is there anything else that you would like us to know about this student?

Provider Information
Describe the author’s credentials which indicate the qualification to diagnose a hearing disability.
Signature: ____________________________ Date: ____________

Print Name and Title: ____________________________

License or Certification #: ____________________________

Office Address (street, city, state and zip code):
__________________________________________
__________________________________________
__________________________________________

Office phone: (____)-_____-___________

FAX Number: (____)-_____-___________

Email__________________________________

These guidelines are not meant to be used exclusively or as a replacement for direct communication with UW-Platteville Services for Students with Disabilities regarding the individual nature of a disability. While submitted documentation meeting the above guidelines may be acceptable to the University of Wisconsin-Platteville it is important to be mindful that they may/may not meet the documentation guidelines required in other academic or testing organizations.