Disability Services for Students
275 Eastland Road
Berea, Ohio 44017
www.bw.edu/DisabilityServices
Phone: (440) 826-2147
Fax: (440) 826-3832
Email: disability@bw.edu

Hearing Impairment Verification Form

Disability Services for Students (DSS) provides services and accommodations for students with diagnosed disabilities. The documentation provided 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 activity. For a student to be considered eligible to receive reasonable accommodations, the documentation must show the functional limitations that impact the individual in the post-secondary setting.

DSS requires current and comprehensive documentation to determine appropriate services and accommodations. As a guideline, Baldwin Wallace University generally requires documentation prepared within the last 36 months (3 years). The University reserves the right to request updated or more extensive documentation as appropriate. The information outlined below is necessary to evaluate eligibility for accommodations.

- The professional(s) conducting the assessment, rendering a diagnosis, and providing recommendations for reasonable accommodations must be qualified to do so. These persons generally are trained, certified or licensed audiologists, otolaryngologists (ENT physicians), otologists, or other medical professionals.
- All parts of the form must be completed as thoroughly as possible.
- The healthcare provider should attach any reports which provide additional, related information. A copy of a relevant evaluation report may be submitted as documentation, in lieu of this form, as long as it is comprehensive, current, and meets all of the documentation requirements as outlined in the Baldwin Wallace University General Guidelines for Documentation, available at www.bw.edu/DisabilityServices.
- The information provided on this form is NOT part of the student's permanent educational record, but will be maintained with the DSS office.

STUDENT INFORMATION (Please Print)

Name (Last, First, Middle): _____

Date of Birth: _____ BW ID Number: _____

Status (check one): ☐ current student ☐ transfer student ☐ prospective student

Phone: (_____) _____ - _____ BW Email: _____ @bw.edu

Address (street, city, state, zip code): _____

_____

By signing below, the student grants DSS permission to contact the provider for additional information.

I, _____ (printed name of student), hereby authorize DSS to obtain and/or release information from/to the undersigned provider in order to evaluate eligibility for academic accommodations.

Student Signature: _____ Date: _____

DIAGNOSTIC INFORMATION (Please Print)

1. Diagnosis(es): _____

_____

2. Date of Diagnosis (specify month/year): _____

3. Date of initial contact with the student: _____

4. Date of last contact with the student: _____

5. What is the degree of hearing loss? Please select one:

☐ Mild ☐ Moderate ☐ Severe ☐ Profound

Explain the severity level indicated above: _____

_____

6. How did you arrive at your diagnosis? Describe the symptoms that meet the criteria for the diagnosis: _____

_____

_____

7. What is the expected duration of the impairment? Select one:

☐ Short-term (< 6 months)
☐ Episodic
☐ Long-term (> 6 months – 1 year)
☐ Chronic (> 1 year, frequent recurrence)

Explain the duration indicated above: _____

_____

_____

8. What is the student's current loss of hearing as determined by an audiological assessment?_____

_____

9. What is the date of the student's most recent audiological assessment? _____

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

_____

_____

11. What are the student's functional limitations, attributable to the hearing impairment? How does the impairment affect the student's academic performance? _____

_____

_____

_____

12. What is the student's primary means of communication (e.g., sign language, lip-reading, etc.)? _____

13. Are hearing aids, FM systems, or other devices prescribed to assist the student's hearing?

☐ Yes ☐ No ☐ Unknown

If yes, what is the student's hearing threshold with the device(s)? _____

14. Does the student have cochlear implant(s)?

☐ Yes ☐ No ☐ Unknown

If yes, when did the student get the implant(s) and in which ear(s)? What is the student's hearing threshold with the cochlear implant(s)? _____

15. If the student currently uses assistive or adaptive technologies related to a hearing impairment, list specific details about the technology: _____

16. What is the student's preferred mode of accessing in-class lectures and materials (e.g., American Sign Language, Signed English, etc.)? _____

17. Provide any historical information relevant to the student's hearing impairment and associated functioning (e.g., developmental, familial, medical, pharmacological, psychological, psychosocial): _____

18. State specific recommendations regarding reasonable accommodations for this student, and a rationale as to why these accommodations, adjustments, or services are warranted based upon the student's functional limitations. Indicate why each accommodation is necessary: _____

PROVIDER INFORMATION
Print, sign, date and complete all fields below

☐ By selecting this box, I am verifying that the named student information is correct, that the student is a patient that I have been treating, and that **I am not a relative of the student.**

Provider Name (Print): _____ Date: _____

Provider Signature: _____

Title: _____

License or Certification #: _____

Mailing Address: _____

_____

_____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

Email: _____

You may affix a business card in the space below:

Please complete this form in its entirety and submit it to:

Baldwin Wallace University
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Email: disability@bw.edu