



GUIDELINES FOR DOCUMENTATION

VERIFICATION OF A HEARING DISABILITY

The Center for Success (CFS) provides accommodations to students diagnosed with a disability that substantially impacts one or more major life functions. To determine eligibility for services and appropriate accommodations, current and comprehensive documentation of the disability from a licensed professional who is credentialed to perform such evaluation is required. Documentation should be submitted by an external, qualified provider, as documentation from the University Counseling Center typically cannot be used on its own to support an accommodation request. If you have any questions pertaining to documentation needs, feel free to contact the Accessibility Coordinator at (740) 284-5358 or email accessibility@franciscan.edu.

STUDENT INFORMATION: ***** To be completed by the student *****

Full Legal Name: _____

Date of Birth: _____ Cell Phone: _____

FUS ID#: _____ FUS Email: _____ @student.franciscan.edu

Address: _____

MEDICAL INFORMATION: ***** To be completed by the diagnosing professional *****

The provider should refrain from restating the student's self-report (e.g., "student reports," "student endorses"); Accessibility Services requires objective diagnostic impressions. Note: Documentation based on a single encounter conducted solely to obtain a diagnosis may not provide enough information to establish a non-observable disability or an accommodation need and may require additional documentation.

1. When was the hearing loss diagnosis first made, and when was your last contact with the student?

2. Indicate all instruments and procedures used to diagnose the hearing loss. If available, please include the most recent audiogram.

3. What is the severity of the disorder? Mild Moderate Severe

4. 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.

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. How does the hearing loss impact this student in an educational setting (functional limitations)? Please be specific.

7. What recommendations do you have regarding accommodations and your rationale for each of the accommodations?

PROVIDER INFORMATION:

Signature: _____ Date: _____

Print Name and Title: _____

State of License: _____ License Number: _____

Address: _____

Telephone: _____

***Once completed, please return this form back to the student so that they may upload it with their Accessibility Services Application (found on the FUS website or the Port).
If you have questions regarding this form, please call Accessibility Services at 740-284-5358.***