Deaf/Hard-of-Hearing Documentation Form

Student Name: ___________________________ DOB: _____/_____/_____ has requested disability support services from the Office of Disability Services for Students (DSS) at Indiana University Bloomington (IUB) in regard to a hearing impairment. Documentation provides vital information about the functional limitation of the student's disability and its impact in a post-secondary academic environment.

Please complete all sections of this form and return it as soon as possible so that we may verify the student’s eligibility for services. Providers may also use their own format as long as the information requested below is included; if this information is not provided, services may be delayed as DSS obtains clarification. Please call 812-855-7578 if you have questions. The completed form may be faxed to 812-855-7650 or it may be mailed to the address at the bottom of this page. DSS welcomes any additional documentation you would like to include.

Diagnoses
Primary: ________________________________________________________________
Secondary: ______________________________________________________________________
Date of Diagnosis: _____/_____/_____ Last appointment: _____/_____/_____

Type and Severity of Hearing Loss: Please attach the latest audiological assessment and copy of the audiogram.

Right Ear: ___________________________________________________________________________

Left Ear: __________________________________________________________________________

Characteristics of hearing loss: □ Stable  □ Declining  □ Slow Progression  □ Rapid Progression

Recommended time-frame for audiological update: ________________________________

Assistive or Adaptive Technology:

Are hearing aids, FM systems, cochlear implant(s) or other devices prescribed to assist the student’s hearing? If so, indicate which type of device(s) and the students hearing threshold when using the device(s).

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

If the student currently uses assistive or adaptive technologies related to his or her hearing impairment, please list specifics about the technology. If the student needs an FM system or other hearing device in the classroom, what FM system or recommended hearing device would be compatible?

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
Please explain how the student will be affected in the following academic settings (REQUIRED):

Lecture:                                                                

__________________________________________________________________________

__________________________________________________________________________

Small group discussion:                                                

__________________________________________________________________________

__________________________________________________________________________

Movies and other audio media:                                          

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Additional comments and recommended auxiliary support, strategies, or service that may be beneficial to the student in the higher education environment.

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Certifying Professional

Name (print): __________________________________________________________ Date: ___/___/____
Profession: ______________________________ License number: __________________
Office Address: ___________________________________________________________________________
Phone: __________________ Fax: ______________________ Email Address: ______________________
Certifying Professional Signature: __________________________________________________________