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Verification of Hearing Impairment

The student named below has applied for services from the Special Needs Department at Gateway Technical College. In order to provide reasonable and appropriate services, current and comprehensive information regarding the functional impact of the disability is required. This form is intended to provide the Special Needs staff with sufficient information so that eligibility for services and appropriate accommodations can be determined. The information you provide is confidential and will not become part of the student’s education record. In addition to the requested information, please attach any additional information you deem appropriate. Thank you for your assistance.

1. Name of student: _____ Date of Birth: _____
2. Date of last evaluation: _____
3. Diagnosis: _____
3. Degree of Hearing Loss: _____
4. Is this a temporary or permanent condition? If applicable, please describe the progression of the condition.
5. Please provide a quantitative and qualitative description of the evaluation instruments used and the student’s abilities.
6. Please asses the degree of functional impairment due to the Hearing impairment demonstrated by your patient.

1 = Negligible 2 = Moderate 3 = Substantial 4 = Severe

Talking	1	2	3	4
Walking	1	2	3	4
Hearing	1	2	3	4
Sitting	1	2	3	4
Standing	1	2	3	4
Seeing	1	2	3	4
Writing	1	2	3	4
Dexterity	1	2	3	4
Sleeping	1	2	3	4
Reading	1	2	3	4
Social Interactions	1	2	3	4
Concentrating	1	2	3	4
Memorizing	1	2	3	4
Other _____	1	2	3	4

7. How might this impairment substantially limit the student's functioning in an academic setting?

8. Please list any current medication and side effects that may impact the student's academic performance.

9. What auxiliary aids or current treatment is the student using?

10. Please describe methods of communication used by this student.

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

Signature of Professional

Date

Medical Professional's Name and Title (printed)

License Number

Address

City

State

Zip

Telephone Number

Fax Number