



OFFICE OF SPECIALIZED SERVICES

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**HEARING IMPAIRMENT
DOCUMENTATION FORM**

Student's Name: _____

The student named above is applying for disability accommodations and/or services through the Office of Specialized Services (OSS) at Ramapo College. In order to determine eligibility, a qualified professional must certify that the student has been diagnosed with a hearing impairment and provide evidence that it represents a substantial impediment to a major life activity. It is important to understand that a diagnosis of a hearing impairment in and of itself does not substantiate a disability. In other words, information sufficient to render a diagnosis might not be adequate to determine that an individual is substantially impaired in a major life activity. This documentation form was developed as an alternative to traditional diagnostic reports. If a traditional diagnostic report is being submitted as documentation instead of this form, please refer to the OSS website (www.ramapo.edu/students/oss/documentation.html) in order to view documentation guidelines. OSS expects the following in regard to this documentation form:

- The form will be completed with as much detail as possible as a partially completed form or limited responses may hinder the eligibility process.
- The diagnosis of a hearing impairment was derived through formal measures.
- The assessment information is not more than three years old.
- The form is being completed by an audiologist.
- The professional completing the form is not a family member of the student or someone who has a personal or business relationship with the student.

What is the student's diagnosis? _____

How long has the student had this diagnosis/condition? _____

What is the severity of the disorder? _____ Mild _____ Moderate _____ Severe

Explain the severity indicated above: _____

What is the expected duration? _____ Chronic _____ Episodic _____ Short-term

Explain the duration indicated above: _____

Is the hearing impairment expected to remain stable or is it expected to decline? _____

If it is expected to decline, describe the expected progression of the hearing impairment:

Date of first contact with student: _____ Date of last contact with student: _____

Provide information regarding the student's current presenting concerns (be specific):

Provide information regarding the student's current symptoms: _____

List the student's current medication(s), including dosage, frequency, and adverse side effects (if applicable for the above-mentioned diagnosis): _____

Are there significant limitations to the student's functioning directly related to the prescribed medications? Yes No If yes, explain: _____

Provide an explanation of the extent to which the medication currently mitigates the symptoms of the impairment: _____

Provide information regarding the impact, if any, of the disorder on a specific major life activity (e.g., learning, eating, walking, interacting with others, etc.): _____

State the student's functional limitations from the disorder specifically in a classroom or educational setting: _____

Does the student utilize a sign language interpreter, real-time captionist, FM system, hearing aid, etc.?

State specific recommendations regarding academic adjustments, housing accommodations, auxiliary aids, and/or services for this student and the reason these academic adjustments, housing accommodations, auxiliary aids, and/or services are warranted based upon the student's functional limitations: _____

If current treatments (e.g., medications) are successful, state the reasons the above academic adjustments, housing accommodations, auxiliary aids, and/or services are necessary? _____

State specific recommendations regarding assistive or adaptive technology for this student, and a rationale as to how the assistive or adaptive technologies are warranted based upon the student's functional limitations. Be as specific as possible (e.g., brand name, model #):

Has the student utilized the recommended assistive or adaptive technology in the past? ____ Yes
____ No If yes, explain the proficiency of the student's usage. Was the technology utilized in an educational, home or work setting?

Does the student currently own this assistive or adaptive technology? If so, what brand and model #?

Certifying Professional

_____ Name and Title	_____ Type of License or Certification
_____ Company/Office/Institution Affiliation Name	
_____ Address	_____ Phone #
_____ City, State, Zip	_____ Fax #
_____ Signature of Certifying Professional	_____ Date

Please Return To:
Office of Specialized Services
Ramapo College of New Jersey
505 Ramapo Valley Road
Mahwah, NJ 07430

DOCUMENTATION RETENTION - All submitted materials will be held in OSS as educational records under the Family Educational Rights and Privacy Act (FERPA). Students have a right to review their educational records. However, students are encouraged to retain their own copies of disability documentation for future use as the college is not obligated to produce copies for students. Under current New Jersey record retention requirements, disability documentation is mandated to be held for only two years after a student has stopped attending the college.