

Documentation Form: Hearing Impairments

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 Hearing Impairment and provided 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 others 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 regards 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 hearing impairment was derived through formal measures
- The assessment information is not more than three years old
- The form is being completed by 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), 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? 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.

In the event of an on campus emergency requiring evacuation (e.g. fire drill, bomb threat), will this student need assistance?

Yes

No

If **Yes**, please explain:

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

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

If current treatments (e.g., medications) are successful, state the reasons the above academic adjustments, 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 technology in the past? If so, explain the proficiency of the student's usage. Was the technology utilized in an educational, home or work setting?

