

Hard of Hearing and Communications Disorders Instructions and Documentation Submission Form

Communications disorder is a general term that refers to a heterogeneous group of disorders manifested by significant difficulties in language, speech, and communication. This includes difficulties in receptive and expressive language, including the production of sounds, articulation and fluency deficits, difficulty in the acquisition and production of language across modalities (i.e. spoken, written), and difficulties in the social use of verbal and nonverbal communication.

Student Instructions and Information:

1. Students must submit medical documentation of a Hard of Hearing and Communications Disorders from a qualified provider (medical doctor or audiologist) to the Access & Accommodations Center (AACE). You may do so by having your qualified provider complete this Form or by submitting a letter from a qualified provider that includes all of the information requested in this form. Letters from qualified providers must be on letterhead from the provider's practice and must include the provider's signature and credentials.
 - i. Students with a hearing impairment **MUST** submit the following:
 1. Current (within three years) audiogram and audiologist explanation
 2. Hearing Impairment Form (page 6 of this document) completed by audiologist.
2. A qualified provider (medical doctor or audiologist) must provide the documentation.
3. In place of this form, a letter may be provided including all of the requested information. Any letters must be on letterhead from the provider's practice. Any documentation must include the provider's signature and credentials
4. Students should submit the required medical documentation **prior to the initial meeting with AACE** if possible since appropriate accommodations are discussed at that time.
5. How often medical documentation must be updated will be determined by AACE based on the student's individual situation.
6. Documentation may be submitted through the AIM portal at <https://access.gsu.edu/>

To be Completed by Student:

Name (Last, First, Middle): _____

Date of Birth: _____ GSU ID: _____

Cell Phone: _____ Alternate Phone: _____

Home Address: _____

Email Address: _____

Status (Check One): Current Student Transfer Student Prospective Student

To be Completed by Provider:

To establish eligibility for accommodations under the ADA, students must submit current and comprehensive medical documentation from a qualified provider for any diagnosis of a disability. The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities.

Primary Diagnosis: _____

DSM-5/ICD-10 Code: _____ Date of Diagnosis: _____

Secondary Diagnosis: _____

DSM-5/ICD-10 Code: _____ Date of Diagnosis: _____

If applicable (and not indicated above), please check the type of hearing loss:

Conductive hearing loss

Sensorineural hearing loss

Mixed hearing loss

Please provide the diagnostic criteria and methodology used to diagnose the condition.

Please describe the history (include developmental history in early childhood if applicable) and severity of the disorder. If the condition was acquired later in life, provide the resulting event.

Is it expected that the patient's functioning and/or severity of the disorder will change over time?

_____ Yes _____ No

If yes, please explain the anticipated progression.

Please check all as appropriate to describe the patient's current symptoms and functional limitations.

- _____ Muffling of speech and other sounds
- _____ Difficulty understanding words, especially against background noise or in a crowd of people
- _____ Trouble hearing consonants
- _____ Frequently asking people to speak more slowly
- _____ Needing to turn up the volume on the television/radio
- _____ Withdrawal from conversations
- _____ Avoidance of some social settings
- _____ Requiring frequent repetition
- _____ Difficulty following conversations involving more than two people
- _____ Answers or responds inappropriately in conversations
- _____ Ringing in the ears
- _____ Reads lips or more intently watches faces when being spoken to
- _____ Difficulty reading and/or writing
- _____ Difficulty understanding verbal instructions
- _____ Poor balance/motor coordination
- _____ Tendency to take things in very concrete ways
- _____ Slurred speech
- _____ Low volume of speech, whisper

- _____ Slow rate of speech
- _____ Rapid change of speech, or mumbling
- _____ Changes in voice quality
- _____ Incoordination of speech, sounding inebriated
- _____ Difficulty moving mouth or face muscles
- _____ Facial drooping on one side
- _____ Irregular rhythm in speech
- _____ Chewing or swallowing difficulty

_____ Other _____

_____ Other _____

_____ Other _____

Please provide any additional information/context as appropriate concerning the functional limitations.

Please provide any recommendations to address the indicated functional limitations.

Please list any treatments, medications, accommodations/auxiliary aids, services currently prescribed or in use.

Please attach any psychological, educational reports, speech/language evaluations, neurological reports, and/or physical evaluation reports. Students who have a hearing impairment must submit a current audiogram and report. Complete documentation will include objective evidence that supports the diagnosis and associated functional impact.

Complete the following information:

Provider Name: _____

Title: _____

License #: _____

Practice Name and Address: _____

Phone: _____ Fax: _____

Email: _____

Provider Signature (**Wet Signature Required**): _____

Date of Signature: _____

Hearing Impairment Information Form (to be completed by audiologist)

Name of Student: _____

Audiologist (Printed Name): _____

Audiologist (Signature): _____

Date: _____

| | | | | | | | |
|----------------------|-----------------------|------------------|-------------|---------------------------|---|-------|---|
| Diagnosis | Unilateral | q | Fluctuating | q | | | |
| | Bilateral | q | Stable | q | | | |
| | Symmetrical | q | Progressive | q | | | |
| | Asymmetrical | q | Sudden | q | | | |
| — Aided — | | | | | | | |
| Left Ear | Type | Conductive | q | Sensorineural | q | Mixed | q |
| | Degree (dB HL) | Normal (-10-15) | q | Moderately Severe (56-70) | q | | |
| | | Slight (16-25) | q | Severe (71-90) | q | | |
| | | Mild (26-40) | q | Profound (91+) | q | | |
| | | Moderate (41-55) | q | | | | |
| Configuration | Difficulty Processing | High Tones | q | Low Tones | q | | |
| Right Ear | Type | Conductive | q | Sensorineural | q | Mixed | q |
| | Degree (dB HL) | Normal (-10-15) | q | Moderately Severe (56-70) | q | | |
| | | Slight (16-25) | q | Severe (71-90) | q | | |
| | | Mild (26-40) | q | Profound (91+) | q | | |
| | | Moderate (41-55) | q | | | | |
| Configuration | Difficulty Processing | High Tones | q | Low Tones | q | | |
| — Unaided — | | | | | | | |
| Left Ear | Type | Conductive | q | Sensorineural | q | Mixed | q |
| | Degree (dB HL) | Normal (-10-15) | q | Moderately Severe (56-70) | q | | |
| | | Slight (16-25) | q | Severe (71-90) | q | | |
| | | Mild (26-40) | q | Profound (91+) | q | | |
| | | Moderate (41-55) | q | | | | |
| | Configuration | | | | | | |
| Right Ear | Type | Conductive | q | Sensorineural | q | Mixed | q |
| | Degree (dB HL) | Normal (-10-15) | q | Moderately Severe (56-70) | q | | |
| | | Slight (16-25) | q | Severe (71-90) | q | | |
| | | Mild (26-40) | q | Profound (91+) | q | | |
| | | Moderate (41-55) | q | | | | |