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: _________________________________________________________________

<table>
<thead>
<tr>
<th>Diagnosis</th>
<th>Unilateral</th>
<th>q</th>
<th>Fluctuating</th>
<th>q</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Bilateral</td>
<td>q</td>
<td>Stable</td>
<td>q</td>
</tr>
<tr>
<td>Symmetrical</td>
<td>q</td>
<td>Progressive</td>
<td>q</td>
<td></td>
</tr>
<tr>
<td>Asymmetrical</td>
<td>q</td>
<td>Sudden</td>
<td>q</td>
<td></td>
</tr>
</tbody>
</table>

—— Aided ——

<table>
<thead>
<tr>
<th>Left Ear</th>
<th>Type</th>
<th>Conductive</th>
<th>q</th>
<th>Sensorineural</th>
<th>q</th>
<th>Mixed</th>
<th>q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree (dB HL)</td>
<td>Normal (-10-15)</td>
<td>q</td>
<td></td>
<td>Moderately Severe (56-70)</td>
<td>q</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Slight (16-25)</td>
<td>q</td>
<td></td>
<td>Severe (71-90)</td>
<td>q</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mild (26-40)</td>
<td>q</td>
<td></td>
<td>Profound (91+)</td>
<td>q</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moderate (41-55)</td>
<td>q</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Configuration</td>
<td>Difficulty Processing</td>
<td>High Tones</td>
<td>q</td>
<td>Low Tones</td>
<td>q</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Right Ear</th>
<th>Type</th>
<th>Conductive</th>
<th>q</th>
<th>Sensorineural</th>
<th>q</th>
<th>Mixed</th>
<th>q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree (dB HL)</td>
<td>Normal (-10-15)</td>
<td>q</td>
<td></td>
<td>Moderately Severe (56-70)</td>
<td>q</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Slight (16-25)</td>
<td>q</td>
<td></td>
<td>Severe (71-90)</td>
<td>q</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mild (26-40)</td>
<td>q</td>
<td></td>
<td>Profound (91+)</td>
<td>q</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moderate (41-55)</td>
<td>q</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Configuration</td>
<td>Difficulty Processing</td>
<td>High Tones</td>
<td>q</td>
<td>Low Tones</td>
<td>q</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

—— Unaided ——

<table>
<thead>
<tr>
<th>Left Ear</th>
<th>Type</th>
<th>Conductive</th>
<th>q</th>
<th>Sensorineural</th>
<th>q</th>
<th>Mixed</th>
<th>q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree (dB HL)</td>
<td>Normal (-10-15)</td>
<td>q</td>
<td></td>
<td>Moderately Severe (56-70)</td>
<td>q</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Slight (16-25)</td>
<td>q</td>
<td></td>
<td>Severe (71-90)</td>
<td>q</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mild (26-40)</td>
<td>q</td>
<td></td>
<td>Profound (91+)</td>
<td>q</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moderate (41-55)</td>
<td>q</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Configuration</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Right Ear</th>
<th>Type</th>
<th>Conductive</th>
<th>q</th>
<th>Sensorineural</th>
<th>q</th>
<th>Mixed</th>
<th>q</th>
</tr>
</thead>
<tbody>
<tr>
<td>Degree (dB HL)</td>
<td>Normal (-10-15)</td>
<td>q</td>
<td></td>
<td>Moderately Severe (56-70)</td>
<td>q</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Slight (16-25)</td>
<td>q</td>
<td></td>
<td>Severe (71-90)</td>
<td>q</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mild (26-40)</td>
<td>q</td>
<td></td>
<td>Profound (91+)</td>
<td>q</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Moderate (41-55)</td>
<td>q</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>