

TO:

FROM:

Webster University

RE: Criteria For Documenting Deaf and Hard of Hearing Disabilities

The following student, _____ (DOB _____), has applied for support services available to qualified individuals with disabilities through Webster University. Current and comprehensive documentation of the student's disability must be on file with Webster University in order to determine appropriate and reasonable accommodations. The student has indicated that you could provide this documentation, along with information pertinent to the kinds of accommodations the student may need to function successfully in a college environment. We ask, therefore that you address the criteria outlined below on professional letterhead or complete the attached verification form. A signed release of information form is enclosed.

CRITERIA FOR DOCUMENTING DEAF AND HARD OF HEARING DISABILITIES

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| <ol style="list-style-type: none">1. A current diagnosis of hearing impairment including severity of hearing loss. Current usually means within the last five years.2. A summary of how the disability substantially limits one or more life functions.3. A summary of assessment procedures.4. A summary of present functioning.5. Suggestions of reasonable accommodations (should be supported by the diagnosis). |
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WEBSTER UNIVERSITY DISABILITY FORM
STUDENTS WITH DEAFNESS OR HARD OF HEARING

STUDENT NAME: _____

DATE: _____

SOCIAL SECURITY NUMBER: _____

ID#: _____

DIAGNOSTIC INFORMATION

Diagnosis: _____

Is the hearing loss stable or progressive? _____

Does the student use any assistive devices such as hearing aids, FM systems or cochlear implants? _____

Describe how the student benefits from the use of the assistive devices: _____

Describe the student's ability to use oral and written language: _____

Describe the student's primary mode of communication (residual hearing, speech, interpreter, ect.) _____

INFORMATION SUPPORTING ACCOMMODATION REQUESTS

How will the hearing loss affect the student's class participation (work in small and large groups, communicate with instructors, ect.)? _____

Does background noise affect the student's functional hearing? _____

Have you any recommendations to make regarding effective academic accommodations to equalize this student's educational opportunities at the post-secondary level? (Describe services/accommodations for exam administration, classroom or study activities, or course requirements). _____

CERTIFYING AUTHORITY

SIGNATURE: _____

PRINT NAME AND TITLE: _____

ADDRESS: _____

PHONE: _____ **FAX:** _____ **DATE:** _____

**Please accompany this form with a note on your professional letterhead
describing how long and under what conditions you have treated this patient.**