

The Accommodation Services Office provides services to students who are deaf/hard of hearing. To determine eligibility for services, this office requires current comprehensive documentation of the hearing disability from an audiologist, speech and hearing specialist, or another medical professional.

***If a comprehensive diagnostic report is available that provides the requested information, copies of that report can be submitted as documentation instead of this form.***

### Please Print Legibly

Student Name: \_\_\_\_\_

Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. Diagnosis: \_\_\_\_\_

2. Date of diagnosis: \_\_\_\_/\_\_\_\_/\_\_\_\_

Most recent contact with student/patient: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. What is the severity of the hearing loss?

Right ear:

Mild

Moderate

Severe

Profound

Left ear:

Mild

Moderate

Severe

Profound

***Please include a copy of the most recent audiogram results***

4. Is the hearing loss expected to remain stable or is it expected to decline? If it is expected to decline, describe the expected progression of the hearing loss.

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5. Please list and describe the major life activities/functional limitations, both physical and academic, which are significantly impacted by the disability, and the degree of severity. **Please note, if no major life activities are significantly impacted, no accommodations will be approved.**

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6. Describe any situation or environmental conditions that might lead to an exacerbation of the condition.

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7. What recommendations do you have regarding accommodations and/or auxiliary aids (e.g., Notetaker, FM system, captioning, sign language interpreting, etc.) in an academic setting? Please state your rationale for the accommodations and/or auxiliary aids you have recommended.

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8. If any co-morbid conditions exist, please describe.

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## Provider Information

<b>Name (Please Print):</b>	
<b>Medical Specialty:</b>	<b>License #:</b>
<b>Address:</b>	
<b>Phone:</b>	<b>Email:</b>
<b>Signature:</b>	<b>Date:</b>

Please mail or fax this completed form and any additional information to:

Accommodation Services Office  
Lakeshore College  
1290 North Avenue  
Cleveland, WI 53015

Fax: (920) 646.7262