



Hard of Hearing and Communications Disorders Documentation Instructions and Form

Updated March 2024

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:

- Students must submit **current** documentation to the Office of Accessibility and Testing Services.
 - Current documentation is defined as:
 - Documentation that reflects data collected within three years at the time of request for services UNLESS the condition is of a permanent and non-varying nature. If additional accommodations are requested due to changes in functional limitations, updated documentation may be requested.
 - It is at the Accessibility and Testing Specialist's discretion to make appropriate exceptions to this policy and/or to request a reevaluation and more recent documentation in order to establish the most appropriate accommodations.
 - Students with a hearing impairment **MUST** submit the following:
 - Current (within three years) audiogram and audiologist explanation
 - Hearing Impairment Form (page 6 of this document) completed by audiologist
- A qualified provider (medical doctor or audiologist) must provide the documentation.
- 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.
- Students are encouraged to provide documentation **prior to the intake meeting** if at all possible. It is during the intake meeting that appropriate accommodations, and the process for using the accommodations, will be discussed. Students with a hearing impairment are asked to share with the front desk that they have a hearing impairment when scheduling the intake appointment. This will allow the staff to schedule the appointment with the appropriate Accessibility and Testing Services specialist.
- For timely review of application, documentation must be submitted by the student requesting services via our [secure portal, AIM](#) located on our website. If you have any questions regarding this process, please email to accessibility-services@westga.edu.

To be Completed by Student:

Name (Last, First, Middle): _____

Date of Birth: _____ UWG ID Number: 917 _____

Cell Phone: _____ Alternate Phone: _____

Home Address: _____

Email Address: _____

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

To be Completed by Provider:

The Office of Accessibility and Testing Services establishes academic and/or housing accommodations for students with a documented disability. The Americans with Disabilities Act (ADA) defines a disability as a physical or mental impairment that substantially limits one or more major life activities. The University System of Georgia Board of Regents (USGBOR) requires current and comprehensive documentation for any diagnosis of a disability in order for disability services providers to determine appropriate accommodations and services. Please see [Appendices D-H of the USGBOR Academic and Student Affairs Handbook](#) for more information.

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 (**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	Severe (71-90)	q
		Slight (16-25)	q	Profound (91+)	q		
		Mild (26-40)	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	Severe (71-90)	q
		Slight (16-25)	q	Profound (91+)	q		
		Mild (26-40)	q				
		Moderate (41-55)	q				
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— Unaided —							
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