

# Hard of Hearing and Communications Disorders Documentation Instructions and Form

Updated January 2023

*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 Accessibility 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 Services counselor'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 asked 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 Services counselor.
- Documentation can be submitted in person or by mail to the UWG Accessibility Services, 123 Row Hall, Carrollton, GA 30118, by fax to 678-839-6429, or by email to [accessibility-services@westga.edu](mailto: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 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.

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\_\_\_\_\_

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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.

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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.

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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.

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Please provide any recommendations to address the indicated functional limitations.

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

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**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: \_\_\_\_\_

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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: \_\_\_\_\_

<b>Diagnosis</b>	Unilateral	q	Fluctuating	q			
	Bilateral	q	Stable	q			
	Symmetrical	q	Progressive	q			
	Asymmetrical	q	Sudden	q			
<b>— Aided —</b>							
<b>Left Ear</b>	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				
<b>Configuration</b>	Difficulty Processing	High Tones	q	Low Tones	q		
<b>Right Ear</b>	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				
<b>Configuration</b>	Difficulty Processing	High Tones	q	Low Tones	q		
<b>— Unaided —</b>							
<b>Left Ear</b>	Type	Conductive	q	Sensorineural	q	Mixed	q
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