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.
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.
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
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.

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

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.

__________________________________________________________________________________________

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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:___________________________________________________

______________________________________________________________________________

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:_____________________________________________________________________________________  

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