Deaf/Hearing Loss: Accommodation Support Form

NOTE: Please type or print your answers on this form.

Student Information

Student Name: ______________________________
Student ID Number: ______________________________
Campus Address: ______________________________
Local Phone Number: ______________________________
Date of Birth: ______________________________
Date of Evaluation: ______________________________

Type of Hearing Loss

Type of Hearing Loss	Ear Affected		
☐ Sensorineural	☐ R	☐ L	☐ R&L
☐ Conductive	☐ R	☐ L	☐ R&L

Cause of Hearing Loss			
☐ Ear canal obstruction (Conductive)	☐ R	☐	
	R	☐ L	☐ R&L
☐ Medications (Sensory)	☐ R	☐ L	☐ R&L
☐ Physical Trauma (Sensory)	☐ R	☐ L	☐ R&L
☐ Long term exposure to environmental noise (Sensory)	☐ R	☐ L	☐ R&L

Please give brief explanation of cause.______________________________

Severity of Loss

☐ No hearing loss	☐ R	☐ L	☐ R&L
☐ Mild	☐ R	☐ L	☐ R&L
☐ Moderate	☐ R	☐ L	☐ R&L
☐ Moderately Severe	☐ R	☐ L	☐ R&L
☐ Severe	☐ R	☐ L	☐ R&L
☐ Profound	☐ R	☐ L	☐ R&L

Age of Onset

Age of onset______ ☐ Pre-lingual ☐ Post-lingual

Evaluation Tools

Please attach audiogram along with an interpretive summary.

Impact o f Hearing Loss on Academic Functioning

Please describe the effects of the hearing loss on academic functioning.______________

Prescrib ed Treatment

Please list prescribed treatments, such as hearing aids, cochlear implant, speech therapy, etc. and any effects the treatment may have on functioning.________________

Recommendations for Accommodations/Referrals

- [ ] Note taking assistance
- [ ] Front Row Seating
- [ ]