

Requirements for Reports Documenting Hearing Impairments

Western Illinois University's office of Disability Support Services (DSS) facilitates accommodations and services for qualified students with disabilities enrolled at Western. Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) protects students from discrimination on the basis of disability and ensures the provision of reasonable accommodations. The following documentation guidelines establish that a student is eligible for accommodations and services under these laws, demonstrate that the disability produces a significant, functional impact on a major life activity, and support the student's request for accommodations. **All professional reports or letters should be type-written on professional letterhead, dated and signed.**

A. Qualified Evaluator

Professionals conducting evaluations and rendering diagnoses of hearing impairments (medical doctor, audiologist, speech & language pathologist) must hold qualifications that are recognized by the state of Illinois as affirming his or her eligibility to diagnose hearing impairments.

B. Current Documentation

DSS professionals must be able to ascertain the current impact of the condition in order to determine appropriate accommodations. Therefore, the documentation should be up-to-date and address current functional limitations.

C. Diagnosis and Impact

A comprehensive report should include the following information:

- Nature of hearing loss and date of onset
- Relevant history
- Type and severity of hearing loss along with an audiogram
- Effects of the hearing loss on general and academic functioning
- Currently prescribed or recommended treatment or care currently in progress (e.g. hearing aids, cochlear implant, speech therapy) and any effects the treatment may have on general functioning

D. Need for Accommodations

The report should describe the current and significant functional limitations that warrant accommodations and provide recommendations for academic accommodations that are directly linked to those limitations. In addition, recommendations for accommodations pertaining to campus room and board should be included.

Professional Evaluator's Documentation Checklist: Hearing

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 (please circle)		
_____ Sensorineural	R	L	R&L
_____ Conductive	R	L	R&L
_____ Cause of Hearing Loss			
_____ Ear canal obstruction (Conductive)	R	L	R&L
_____ Middle ear abnormalities (Conductive)	R	L	R&L
_____ Genetic (Sensory)	R	L	R&L
_____ Disease or illness (Sensory)	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

Recommendations for Accommodations/Referrals

- Note taking assistance
- Front Row Seating
- Clear view of instructor's lips
- FM listening device
- Verbal instructions given in a written format
- Sign language interpreters
- Closed captioned videos
- Real-time captions of class
- Email to facilitate communication
- Strobe light alarm system in residence hall room
- Referral for personal counseling
- Referral for time management skills training
- Referral for study skills training
- Referral for organizational skills training
- Referral for test taking skills training
- Referral for further assessment. Please indicate all that apply
- Alcohol and drug Learning disability
- Depression Anxiety
- Other. Please list. _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

Evaluator Information

Evaluator Name: _____

Evaluator Title: _____

Evaluator Signature: _____

Address: _____

Phone Number: _____

Fax Number: _____

Email Address: _____