

**DEAF AND HARD OF HEARING DOCUMENTATION GUIDELINES**  
**DISABILITY PROVIDER FORM**

Your patient/client has requested accommodations through the Academic Success Office at Presbyterian College. The Academic Success Office coordinates the collection and review of documentation in conjunction with the Coordinator, Disability Support Services to provide reasonable accommodations for students with disabilities in accordance with Section 504 of the Rehabilitation Act of 1973, and with the Americans with Disabilities Act (ADA) of 1990 as amended in 2008, as well as other applicable state and federal laws.

**Student's Name** \_\_\_\_\_

**Student's Date of Birth** \_\_\_\_\_

**Date of Last Visit/Consultation** \_\_\_\_\_

A hearing impairment describes an impaired ability to hear and/or discriminate sounds. There may be a decreased ability to hear, no ability to hear at all, or a student may struggle with processing sounds, i.e. (central) auditory processing disorder. Hearing impairments can occur in different areas of the hearing pathway and may be genetic or caused by non-genetic factors.

In order to be considered eligible for reasonable accommodations relating to a hearing disorder, the following documentation is required: a current audiogram with audiometric report completed by a hearing specialist **within three calendar years of the student's date of enrollment in Presbyterian College** along with the following documentation:

- An individually administered audiogram with audiometric report submitted by a qualified professional.
- A statement of functional impact and rationale for academic accommodations. This statement should describe the degree or current impact on the life of the individual. A link must be established between the manifestation of the hearing loss and requested accommodations.

**NOTE to PROVIDERS:** Please submit this completed form along with any related documentation. Complete documentation is important. Inadequate information, incomplete answers and /or illegible handwriting may delay the eligibility review process for students.

1. Diagnosis (Include date of diagnosis, DSM-5/ICD-10 codes)  
\_\_\_\_\_  
\_\_\_\_\_
2. Limitations caused by disability  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
3. If applicable, indicate any medications currently prescribed which may impact the student's functioning, including any impact produced by side effects.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Please indicate recommendations regarding accommodations for this student and the rationale as to why these accommodations are needed based on the student's limitations. Clearly indicate the accommodations you are recommending.

---

---

---

---

---

5. Please provide your assessment of the student's use of recommended devices.

---

---

*I understand that the information provided will become part of the student record subject to the Federal Family Education Rights and Privacy Act of 1974 and may be released to the student on their written request.*

Provider's Signature \_\_\_\_\_ Date \_\_\_\_\_

License/Certification # \_\_\_\_\_ State \_\_\_\_\_

Name/Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**DOCUMENTATION MAY BE SENT TO:**

Presbyterian College  
Academic Success Office/Accommodations  
503 S. Broad Street  
Clinton, SC 29325  
Email: [accommodations@presby.edu](mailto:accommodations@presby.edu)