



## ACCESSIBLE EDUCATION DOCUMENTATION QUESTIONNAIRE DEAF / HARD OF HEARING (HOH)

Name of client: \_\_\_\_\_ Birthdate of Client: \_\_\_\_\_

Attending Provider: \_\_\_\_\_

Provider Title: \_\_\_\_\_

Professional credentials, licensure, and/or specialization credentials:

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

If you have questions or need assistance please contact Accessible Education Services via email [aes@up.edu](mailto:aes@up.edu) or phone at 503-943-8985.

### GUIDELINES:

This questionnaire is designed to provide Accessible Education Services with information to assist with the interactive accommodation process. The student's psychiatrist, psychologist, licensed social worker, relevantly trained M.D., or mental health nurse practitioner must complete and sign the questionnaire. The provider may, as an alternative, write a letter or report that contains the same information. The University will only accept documentation from a practitioner who demonstrates a legitimate and on-going health care provider/patient relationship. All questions should be answered thoroughly. Accessible Education Services may ask for additional information if documentation is incomplete or does not support the accommodations requested. It is not acceptable for documentation to include a diagnosis or testing battery performed by a member of the student's family. It is the general policy of the University Health and Counseling Center (HCC) that the HCC does not provide documentation for AES accommodation requests.

### INTERACTIVE ACCOMMODATION PROCESS:

The legal definition of disability includes two elements: (1) a physical or mental impairment which (2) substantially limits one or more of the major life activities of the person in question. Major life activities include but are not limited to: walking, breathing, seeing, hearing, performing manual tasks, caring for one's self, learning, bodily systems such as immune function, and working. Thus, disability has both diagnostic and functional elements, and **BOTH elements need to be documented for effective accommodation determination.**

**I. DIAGNOSIS**

Severity of hearing loss in LEFT ear (mild/moderate/severe): \_\_\_\_\_

Severity of hearing loss in RIGHT ear (mild/moderate/severe): \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_

Please summarize evaluation results (including age at onset of hearing loss, duration of hearing loss, specific impairment of auditory structures, etc.):

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**Please attach a copy of client's most recent audiogram.**

**II. TREATMENT**

What hearing aids or other assistive listening devices are recommended and/or in use and how effective are these systems for the student?

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**III. FUNCTIONAL LIMITATIONS**

What are the functional implications of the student's hearing loss, in regard to:

The classroom: \_\_\_\_\_

Large groups presentations (in an auditorium, for example): \_\_\_\_\_

Social situations: \_\_\_\_\_

What accommodations do you suggest for the academic setting? Please supply a rationale for each, based on the student's present level of functioning.

Recommended Accommodations	Rationale

Please supply any other information that should be considered in determining appropriate and effective accommodations for this student.

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\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name and title (printed) : \_\_\_\_\_

Please return this form to the student. They will need to attach this documentation to their accommodation request.

Thank you for your assistance.