



Disability Services
disabilityservices@byuh.edu
 808-675-3518

VERIFICATION FORM for DEAF AND HARD OF HEARING IMPAIRMENTS

BYU–Hawaii supports a climate of equal opportunity in its programs, activities, and services according to applicable law, including providing accommodations for students with disabilities. As part of the process for requesting accommodations, a student must provide documentation from a qualified practitioner who is the primary treating professional (e.g., audiologist, otolaryngologist (ear, nose, and throat physician), otologist) regarding the student’s hearing impairment, its impact on the student’s major life activity, and their need for accommodations. This Verification Form may supplement information that is provided in other reports, including audiograms, medical reports, or secondary school documentation. Any documentation, including this Verification Form, must meet BYUH DS guidelines for hearing impairments.

A summary of the guideline criteria for documenting hearing impairments is listed below (more information related to DS documentation and guidelines for Deaf and Hard of Hearing Impairments can be found at the following website <https://disability.byuh.edu/>)

1. Evidence of current deaf and hard of hearing impairment
2. Functional impairment affecting an important life skill, including academic functioning
3. History of use of hearing devices or assistive technology related to deaf and hard of hearing impairment
4. Summary and recommendations

This form will be reviewed by the Disability Services Coordinator (DSC) who will verify the disability as to the reliability of the request. The DSC will then notify the student if they are eligible for accommodations.

I. Student Information Section: (Please Print Legibly or Type)

BYUH ID #:

Student’s Name

First:

Middle:

Sur/Last:

Date of Birth:

Student’s Current Address:

Street:

City:

State:

Zip:

Phone:

Email:

II. Provider Section:

1. Contact with Student

- a. Date of initial contact with student:
- b. Date of last contact with student:
- c. Frequency of appointments with student (e.g., once a week, once a month):

1. Diagnosis

- a. What is the student's diagnosis?

- b. When was the student diagnosed with the condition? Month Year

- c. What is the severity of the impairment? Mild Moderate Severe

- i. Explain the severity checked above:

- d. What is the expected duration of the impairment?

Short-term (<6 months):

Episodic:

Long-term (>6 months-1 year):

Chronic (>1 year with frequent recurrence):

- i. Explain the duration checked above:

e. Current Symptoms:

i. What is the student’s current loss of hearing as determined by an audiological assessment?

ii. What is the date(s) of the student’s most current audiological assessment? Please attach a copy of the most recent audiogram.

iii. Is the hearing loss expected to remain stable or is it expected to decline? If it is expected to decline, please describe the expected progression of the hearing loss.

iv. Is there clear evidence that the symptoms associated with the hearing impairment are interfering with or reducing the quality of at least one of the following, including academic functioning? Describe how the impairment interferes with functioning.

Academic functioning:	
Social functioning:	
Work functioning:	
Language functioning:	

2. Student’s History

a. Please include any historical information relevant to the student’s hearing impairment and associated functioning (e.g., developmental, familial, medical, pharmacological, psychological, psychosocial).

b. Assistive or Adaptive Technology:

- i. Are hearing aids, FM systems, or other devices prescribed to assist the student's hearing? If so, what is the student's hearing threshold with the hearing aids, FM systems, or other hearing devices?

- ii. Does the student have a cochlear implant(s)? If so, when did the student get the cochlear implant(s) and which ear(s) is the implant located (left or right)? What is the student's hearing threshold with the cochlear implant(s)?

- iii. If the student currently uses assistive or adaptive technologies related to his or her hearing impairment, please list specifics about the technology. What is the brand and model number for the student's hearing aids and/or cochlear implant? If the student needs an FM system or other hearing device in the classroom, what FM system or recommended hearing device would be compatible with the student's hearing aids or cochlear implant?

- iv. What is the student's preferred mode of accessing in-class lectures and materials (e.g., American Sign Language, Signed English, Real Time Captioning)?

3. Functional Limitations and Recommended Accommodations

- a. Please list the student’s current symptoms and indicate what **reasonable academic accommodations** would mitigate the symptom listed. More detailed information regarding reasonable academic accommodations can be found on the DS website at: <https://disability.byuh.edu/>

Symptom:
Recommended Reasonable Accommodation(s):

Symptom:
Recommended Reasonable Accommodation(s):

Symptom:
Recommended Reasonable Accommodation(s):

III. Provider's Certifying Professional Information:

Professionals conducting the assessment, rendering a diagnosis, and providing recommendations for reasonable accommodations must be qualified to do so (e.g., licensed physician, psychiatrist, clinical psychologist, or neuropsychologist). The provider signing this form must be the same person answering the above questions.

***Note:** For ethical reasons, documentation from a family member or relative cannot be accepted, even if they are licensed.

Provider's Name: (International Providers, please fill out as much information as possible about your qualifications)

First:

Middle:

Last:

Credentials:

License Number*:

State of Licensure:

Street Address:

City:

State:

Zip:

Phone Number:

Email Address:

Signature of Provider:

Date:

Stamp Here (unless provider is from BYUH):

**

I authorize BYU-Hawaii to receive information from the healthcare provider above. I also authorize my healthcare provider to discuss relevant information as to my condition(s) with the appropriate and qualified BYU-Hawaii personnel on an as-needed basis.

Signature of Student:

Date:

Submitting this Form:

This form may be returned to the student or submitted directly to the Disability Services Office at BYU-Hawaii. Information regarding BYU-Hawaii's Disability Services Office can be found at: <https://disability.byuh.edu/>. If you have any additional questions, you may contact disabilityservices@byuh.edu or 808-675-3518. Thank you for assisting BYU-Hawaii in this accommodation process.