



**UNIVERSITY OF WISCONSIN – LA CROSSE**  
**The ACCESS Center**

**VERIFICATION OF DEAFNESS/HARD OF HEARING**

The ACCESS Center provides services to Deaf and hard of hearing students. In order to determine eligibility for services and appropriate accommodations, this office requires **current and comprehensive documentation** of the hearing disability from the diagnosing **audiologist, speech and hearing specialist, or other appropriate professional.**

**Please Print Legibly**

Student Name: \_\_\_\_\_

Date Completed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Student's Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

1. DSM-5 diagnosis: \_\_\_\_\_

2. Date of Diagnosis: \_\_\_\_/\_\_\_\_/\_\_\_\_

First contact with student: \_\_\_\_/\_\_\_\_/\_\_\_\_

Last contact with student: \_\_\_\_/\_\_\_\_/\_\_\_\_

3. What is the severity of the hearing loss? Please check one:

Mild

Moderate

Severe

Profound

**Please include a copy of the most recent audiogram**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Please describe your assessment procedures and evaluation instruments providing both quantitative and qualitative information about the student's abilities.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Please check the major life activities/functional limitations, both physical and academic, which are impacted by the disability, and the degree of severity.

	Mild	Moderate	Severe	Not an issue
Sitting				
Standing				
Walking				
Breathing				
Reaching				
Lifting				
Performing Manual Tasks				
Maintaining Stamina				
Communication: Speaking				
Communication: Writing				
Communication: Reading				
Communication: Hearing/Listening				
Seeing				
Learning				
Thinking/Reasoning				
Calculating				
Memorizing				
Cognitive Processing				
Processing Speed				
Auditory Processing				
Concentrating				
Easily Distracted				
Organization				
Meeting Deadlines				
Attending Class Regularly				
Managing Stress				
Sleeping				
Interacting with Instructors				
Interacting with Peers				
Emotional Expression				
Understanding Verbal Direction				
Other:				
Other:				

Explanation of any major life activities/functional limitations that fall into the severe range.

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6. What means of communication has the student used in the past? Also, describe the student's skill in the use of his/her communication skills.

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7. What recommendations do you have regarding accommodations and/or auxiliary aids, i.e. note taker, real time captioning, sign language interpreting, FM system, captioned video, etc., in an academic setting? Also, state your rationale for the accommodations and/or auxiliary aids you have recommended.

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8. Are there any other associated disabilities? Please describe.

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**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name and Title:** \_\_\_\_\_

**License #:** \_\_\_\_\_

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

**Telephone:** \_\_\_\_\_

Please send or fax this information to the address indicated below:

**University of Wisconsin – La Crosse**  
**The ACCESS Center**  
**124 Wimberly Hall**  
**1725 State Street**  
**La Crosse, WI 54601**  
**Voice: (608) 785-6900**  
**Fax: (608) 785-6910**