



**Verification Form for
 Hard of Hearing/Deaf**

Colorado Christian University strives to ensure that qualified students with hard of hearing/deaf disabilities are accommodated and if possible that these accommodations do not jeopardize successful therapeutic interventions. The office does not modify requirements that are essential to the program of instruction or provide accommodations for persons whose impairments do not substantially limit one or more major life function.

Colorado Christian University is required by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act to provide effective services for qualified students with documented disabilities if such accommodations are needed to provide equitable access to the University programs and services. Federal law defines a disability as a physical or mental impairment that substantially limits one or more major life activities. Major life activities are defined as the ability to perform functions such as walking, seeing, hearing, speaking, breathing, learning, working, or taking care of oneself. The degree of impairment must be significant enough to substantially limit one or more major life activities. This form is designed to allow us to achieve these goals.

Students who wish to receive academic adjustments due to hard of hearing/deaf disability need to have this form filled out by an **Otorhinolaryngologists, Otologists or Audiologist**. The professional completing this form must have first hand knowledge of the student's condition, must have experience diagnosing and treating college students and will be an impartial professional who is not related to the student.

Release of Information

I, _____, hereby authorize the exchange and release of the following confidential information to the Life Directions Center and Colorado Christian University for the purpose of determining my eligibility for educational accommodations.

_____ Date

_____ Student's Signature

Student Information (this section to be completed by the student)

Student Name: _____ Student ID: _____

Date of Birth: _____ Phone: (_____) _____

CCU Box # or Address: _____

Major: _____

Class Status: Freshman Sophomore Junior Senior Transfer New Student

Returning Student



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Documentation Requirements for the Deaf/Hard of Hearing

Physicians, including **Otorhinolaryngologists and Otologists** are qualified to provide diagnosis and treatment of hearing disorders. Audiologists may also provide current audiograms. The diagnostician must be an impartial individual who is not a family member of the student.

The following documentation requirements will assist the service provider in collaborating with each student to determine appropriate accommodations. Documentation serves as the foundation that supports a student's request for appropriate accommodations. Recommended documentation includes all of the following:

1. An audiogram accompanied by a clear statement of deafness or hearing loss that reflects the current impact on the student's functioning, (the age of acceptable documentation is dependant upon the condition, the current status of the student, and the student's request for accommodations);
2. Medical information relating to the student's needs, the status of the individual's hearing (static or changing), and its impact on the demands of the postsecondary environment;
3. A statement regarding the use of hearing aids and/or cochlear implants (if appropriate);
4. A description of the functional impacts or limitations of the hearing loss on learning or other major life activity and the degree to which it impacts the individual in the learning context for which accommodations are being requested.

Further assessment by an appropriate professional may be required if co-existing learning disabilities or other disabling conditions are indicated. The student and the Disability Specialist will collaborate regarding accommodations with the final decision made by the disability specialist.

Certifying Professional

Name/Title: _____

Address: _____

Phone: (_____) _____ Fax: _____



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License/Certification # and state of licenser: _____

Date of initial contact with student _____ Date of last contact _____

Diagnosis:

Date of Diagnosis: _____

Basis on which diagnosis was made: _____

Current medications including dosage and side effects: _____

Long-term treatment plan: _____

Current compliance with treatment plan: Yes No Other _____

Prognosis for treatment plan (Include likelihood of improvement or further deterioration and within what approximate time frame.) _____

Planned therapeutic interventions: _____

Prognosis for therapeutic interventions (Include likelihood for improvement or further deterioration and within what approximate time frame.) _____

Current compliance with therapeutic interventions: Yes No Other _____

History of hospitalization: _____



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Implications for Educational Success

Learning abilities specific to the post-secondary environment that are impaired by the disability (e.g. difficulty with concentration, slow processing speed, etc.) _____

Implications for taking exams and other classroom activities caused by the disability or medications. Please describe and explain why: _____

Suggested accommodations

Each recommended accommodation should include a detailed explanation of its relevance to the disability that is diagnosed. Evaluator also should indicate the level of impaired functioning at which the individual is currently functioning even with the benefits of treatment. Please send a report from an audiologist. _____

(Final determination of appropriate accommodations will be determined by our office in accordance with the mandates of the Rehabilitation Act of 1973 and the Americans with Disabilities Act as well as court rulings and Department of Education Office of Civil Rights rulings related to these two laws.