



Office for Disability Services
 The Pennsylvania State University
<http://equity.psu.edu/ods>

VERIFICATION FORM for DEAF AND HARD OF HEARING

Penn State University's Office for Disability Services (ODS) has established the Verification Form for Deaf and Hard of Hearing to obtain current information from a qualified practitioner (e.g., audiologist, otolaryngologist (ear, nose, and throat physician), otologist) regarding a student's hearing impairment and its impact on the student and his or her 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 Penn State University's ODS guidelines for hearing impairments.

A summary of the guideline criteria for documenting hearing impairments is as follows (more information related to ODS documentation and guidelines for hearing impairments can be found at the following web site: [Link to Guidelines for Deaf and Hard of Hearing impairments](#)).

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; and
4. Summary and recommendations.

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

Student's Name:

First:

Middle:

Last:

Date of Birth: PSU ID #:

Penn State campus student is attending:

Student's Home Address:

Street:

City:

State:

Zip:

Phone Number:

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):

2. 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?

School functioning:	
Social functioning:	
Work functioning:	
Language functioning:	

3. 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)?

4. Functional Limitations and Recommended Accommodations

- a. Please list the student's current symptoms associated with the hearing impairment and then indicate what reasonable academic accommodations would mitigate the symptom listed. More detailed information regarding reasonable academic accommodations can be found on the ODS web site at: <http://equity.psu.edu/ods/considering-penn-state/reasonable-accommodations>.

Example: <i>Due to hearing impairment, the student cannot hear videos during class.</i>
Symptom: <i>Impaired ability to hear electronic voices</i>
Recommended Reasonable Accommodation(s): <i>Captioned Videos</i>

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 (i.e., audiologist, otolaryngologist (ear, nose, and throat physician), otologist). The provider signing this form must be the same person answering the above questions.

Provider's Name:

First:

Middle:

Last:

Credentials:

License Number:

State of Licenser:

Street Address:

City:

State:

Zip:

Phone Number:

E-mail Address:

May this completed Verification Form be released to the student? Yes No

Signature of Provider: Date:

Submitting this Form:

This form should be returned to the disability office at the Penn State campus in which the student is enrolled. Information regarding other Penn State disability offices can be found at: [Campus Disability Coordinators](#) Listing. Please check the web site and submit to the appropriate Penn State campus.