

HARFORD COMMUNITY COLLEGE CERTIFICATION OF HEARING IMPAIRMENT

The student named below has applied for services from Harford Community College's Disability and Student Intervention Services. In order to be able to determine eligibility and what, if any accommodations are warranted, documentation or additional documentation is needed.

Under the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual is covered under the law, documentation must indicate that a specific disability exists and that the identified disability limits one or more major life activities (e.g. learning). *A diagnosis of a disorder in and of itself does not automatically qualify an individual for accommodations.* The documentation must also support the request for accommodations and explain how the disability impacts learning.

Please complete the form and return by mail or fax to:

Harford Community College
Disability and Student Intervention Services
401 Thomas Run Road
Bel Air, Maryland 21015
Attn: _____
Fax: 443.412.2200
disabilitysupport@harford.edu

Student's Name: _____ Date: _____

Clinician's Name: _____ Credentials: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Signature: _____

Professionals conducting the assessment and rendering a diagnosis must be qualified to do so (e.g. a licensed physician). The provider signing this form must be the same person answering the questions on the form below.

Please note: it is NOT appropriate for professionals to evaluate members of their family or others with whom they have personal or business relationships.

Name of Student: _____ Date of Birth: _____

I, _____, authorize a release of information, allowing the Disability and Student Intervention Services Office at Harford Community College to contact the physician completing this form to obtain additional information or clarification in order to determine reasonable accommodations.

Signature

Date

Harford Community College
Disability and Student Intervention Services
www.harford.edu/dsis

Effective Revision Date: 6/9/2021

P:\Disability Support Services\Forms & Publications\Certification Guidelines\New Certification Forms

DIAGNOSIS:

Date of Diagnosis: _____

Date Last Seen: _____

- Deaf
- Hard of Hearing

Please describe: _____

CLINICAL DESCRIPTION OF DIAGNOSIS: *Please check all relevant symptoms and add additional symptoms not listed here in the space provided below.*

SEVERITY:

- Mild
- Moderate
- Moderate to Severe
- Severe
- Severe to Profound
- Profound

Please explain the severity of the condition below:

DURATION:

- Chronic
- Episodic
- Short-term

Please explain the duration of condition below:

PROGNOSIS:

- Stable
- Declining

If the condition is expected to decline, please describe the expected progression of the hearing loss:

AUDIOLOGICAL ASSESSMENT:

Please attach a copy of the most current assessment.

Date of Last Audiological Assessment: _____

Findings: _____

ADDITIONAL ASSESSMENT PROCEDURES:

Please list any additional assessment procedures or tests below. Be sure to include dates of administration, as well as clinical narrative, observations, and specific test results. Please attach any collateral information to this form.

DEVELOPMENTAL HISTORY:

Please provide pertinent developmental information obtained from the student or guardian(s).

MEDICAL HISTORY:

Please provide pertinent medical information, including any medical evaluations that rule out medical causes of the current symptoms.

SYMPTOMS:

Please provide information regarding specific symptoms the student may be experiencing and how they affect the student in an educational setting.

CURRENT MEDICATION:

Is the student currently taking medication(s)? Yes No

If yes, please list current medication, any side effects and those impacting academic performance.

Medication & Dosage	Side Effects	Academic Impact

Do limitations/symptoms persist even with medications? If yes, please explain:

IMPACT ON MAJOR LIFE ACTIVITIES

How well does the student hear in one to one situations vs. group situations?

Does the student use any of the following? Check to indicate and please specify type.

- Hearing Aid
- Cochlear Implant
- Sign Language Interpreter
- Sorenson Video Relay Service
- FM System
- Real-Time Captioning
 - CART
 - C-PRINT
 - Typewell

ACCOMMODATIONS

Please indicate your recommendations and justifications regarding classroom and/or testing accommodations in the college environment (e.g. use of interpreter, real-time captioning, hearing aids, microphone, etc.). Justifications should specify how the accommodations and strategies directly relate to the symptoms and/or functional limitations (e.g., notetaking assistance, because misses information, audio record class).

Please note: At the college level, the purpose of an accommodation is to ensure equal access rather than to ensure a student’s success. In reviewing the accommodations requested by the student or recommended by an evaluator, the DSIS Office may find that the accommodation is not appropriate given the requirements of a course or program. DSIS may propose an alternative accommodation that would be appropriate for the student, but which neither the student nor evaluator has requested.

Recommended Accommodations	Justification