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**DOCUMENTATION OF HEARING IMPAIRMENT**

**Cal Poly, San Luis Obispo – Disability Resource Center**

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In order for us to provide disability-related services, we need to establish that this individual has a physical or mental impairment that limits one or more of the major life activities. This form is designed to help us make that determination.

**Patient/Student Name** \_\_\_\_\_ **Date:** \_\_\_\_\_  
Last First M.I.

**Note: Please attach a copy of the most recent audiogram.**

1. **Date of last appointment with this individual:**
  
2. **Please describe this individual's hearing impairment:**
  
  
  
  
  
  
  
  
  
  
3. **Hearing loss is:**     mild     moderate     profound
  
4. **Please provide a description of treatment(s) and/or assistive devices, along with estimated effectiveness in ameliorating the impact of the hearing loss (hearing aids, assistive listening devices, etc.):**
  
  
  
  
  
  
  
  
  
  
5. **Quality of Life: In general, this individual's quality of life is:**  
 Excellent     Good     Fair     Poor     Very Poor

**6. Functional Limitations:** Please check the level of limitation you believe this individual experiences in the college environment as a result of his or her disability. Check only those boxes that apply.

	<b>Not at all limited/Not Applicable</b>	<b>Slightly limited</b>	<b>Somewhat limited</b>	<b>Moderately limited</b>	<b>Extremely limited</b>
Caring for Oneself					
Talking					
Hearing					
Breathing					
Seeing					
Walking/Standing					
Lifting/Carrying					
Sitting					
Performing Manual Tasks					
Eating					
Working					
Interacting with Others					
Sleeping					
Reading					
Writing					
Spelling					
Quantitative Reasoning					
Math Calculating					
Processing Speed					
Memorizing					
Concentrating					
Listening					
Executive Functioning (ex: Time Management, Organization, Planning)					
Other:					
_____					
_____					

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7. Is this impairment permanent or temporary? If temporary, what is the expected duration?

8. Specify *current* functional limitations related to the hearing loss, especially those involved in attending a post-secondary institution:

**Note:** Qualified diagnosing professionals are licensed physicians, otolaryngologists and audiologists. The diagnosing professional must have expertise in the diagnosis of the documented hearing impairment, follow established “best practices” in the field, and not be related to the patient.

Print Name \_\_\_\_\_ License Number \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

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**Return To: Disability Resource Center - Bldg. 124-119  
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