DOCUMENTATION OF HEARING IMPAIRMENT

Cal Poly, San Luis Obispo – Disability Resource Center

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.

PLEASE PROVIDE THE FOLLOWING INFORMATION IN FULL

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

1 = Unable to determine **2 = Mild** **3 = Severe**

1	2	3			1	2	3	
			Caring for Oneself					**Learning:**
			Talking					• **Reading**
			Hearing					• **Writing**
			Breathing					• **Spelling**
			Seeing					• **Quantitative Reasoning**
			Walking/Standing					• **Math Calculating**
			Lifting/Carrying					• **Processing Speed**
			Sitting					• **Memorizing**
			Performing Manual Tasks					• **Concentrating**
			Eating					• **Listening**
			Working					**Other:**
			Interacting with Others					
			Sleeping					

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

– Continued on Page 2 –

-

5. **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.):**

6. **Quality of Life: In general, this individual's quality of life is:**

☐ **Excellent** ☐ **Good** ☐ **Fair** ☐ **Poor** ☐ **Very Poor**

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

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** _____

Return To: Disability Resource Center - Bldg. 124-119
California Polytechnic State University -San Luis Obispo, CA 93407
Phone: 805-756-1395 FAX: 805-756-5451