The Hearing Disability Verification Form is meant to supplement information that is provided in a full audiological evaluation report. AccessAbility Services (AS) requests documentation of a disability for the purpose of establishing disability status, understanding how the disability may impact a student, and supply adequate information on the functional impact of the disability so that effective reasonable accommodations can be identified. This form is intended to assist our service in determining eligibility for reasonable accommodations.

In addition to the verification form a current audiological and/or medical evaluation report from a prescribing audiologist or physician should be submitted. The report should outline current symptoms; medications and their impact on the student’s well-being and the need for accommodations is requested.

All information gathered by AS will be reviewed to determine eligibility for reasonable accommodations at The University of Waterloo. Reasonable accommodations are individually determined and should be based on the functional impact of the condition and how it is likely to interact with the environment. As such, accommodation recommendations may vary from individual to individual, even among those with the “same” disability diagnosis. Disability documentation submitted to AS is treated in a confidential manner according to all pertinent provincial and federal regulations.

Our service considers the individual with a disability to be a valuable source of information regarding the impact of their disability and the effectiveness of accommodations. Following admission to AS, the student requesting services will meet with an advisor either in person or by phone to assist in the discuss the academic accommodation plan and make changes as required during the admission.

NOTE:
If changes occur in the student’s functioning or requests for reasonable accommodations change updated assessment may be requested during admission to AS.

Individualized Educational Plans (IEP) and/or Identification Placement and Review Committee (IPRC) summaries from high school will be accepted as supporting documentation only. IEP/IPRC’s are not sufficient to access academic accommodations and are not transferrable to this university.

*Documentation completed by a relative of the student will not be accepted due to professional and ethical considerations even when the relative is otherwise qualified to do so.*

*The provider signing this form must be the same person completing the form.*

Please submit pages #2 through #6 with your application.
Hearing Disability Verification Form
AccessAbility Services - University of Waterloo
NH, 200 University Avenue West, Waterloo, ON N2L 3G1
Phone: 519.888.4567 ext. 35082 Fax: 519.746.2401
Web: uwaterloo.ca/accessability-services/ E-mail: access@uwaterloo.ca

Purpose of this form
AccessAbility Services (AS) requires documentation from a licensed health care professional, who is qualified to communicate a diagnosis and has in-depth knowledge of a student’s condition, in order to arrange academic accommodation and/or related services. Information on this form also may be used to assess a student’s eligibility for financial support or other programs for students with disabilities while at the University of Waterloo. Documentation should be as complete as possible in order to facilitate AS’s assessment of a student’s request for services. All documentation of a student’s disability is kept strictly confidential and is not released without written permission from the student.

To be completed by student

Student Name: _______________________________ Date of Birth: _____/_____/_____

Student Number: _______________________________

I authorize the professional named in this form to disclose/share information concerning myself to AccessAbility Services (AS), University of Waterloo.

I understand that the information will be used to help plan accommodations and to support my learning while at university.

I understand that AS has the right to review my file and request updated documentation at any time during my admission to the University of Waterloo.

I further understand that this information will remain confidential to AS and will be securely stored during my admission to the University of Waterloo.

Date: ___________________________ Student Signature: ________________________________

Student’s informed authorization for disclosure of information is obtained in accordance with the following sections of the Freedom of Information and Protection of Privacy Act. Sections 41.(1)(a), 41.(1)(b), and 41.(1)(c) allowing for the use of personal information and sections 42.(1)(b), -s.42(1)(c), and s.42(1)(d) allowing for the disclosure of personal information.

Office Use Only

Reviewed by: ___________________________

Date: ___________________________

Notes: __________________________________

________________________________________

________________________________________

________________________________________
Diagnostic Statement

Please provide a clear diagnostic statement or indicate that the student’s difficulties do not meet criteria for a diagnosis. If more than one condition is present that may affect academic progress, please specify all relevant conditions.

Diagnosis: ________________________________________________________________

Date of the condition’s onset: __________________________

Date of the last clinical assessment: __________________________

How long have you been treating this student? __________________________

What is the severity of the disorder?

☐ Mild

☐ Moderate

☐ Severe

Please select the appropriate descriptions as they apply to the student’s condition:

☐ Permanent & Long-term disability with chronic or continuous/ongoing symptoms (longer than 1 year with frequent recurrence)

☐ Permanent & Long-term disability with episodic symptoms - (>6 months-1year)

☐ Updated documentation regarding disability status should be reassessed every_______________ because of the changing nature of the illness.

☐ Temporary & Short-term disability (<6 months) - Winter Term ending April 30, 20____

☐ Temporary & Short-term disability (<6 months) - Spring Term ending August 31, 20____

☐ Temporary & Short-term disability (<6 months) - Fall Term ending December 31, 20____

☐ Temporary Disability - Other __________________________

☐ Non-disabling condition in the current academic setting

Explain the duration checked above:

_____________________________________________________________________________________

Is the hearing loss expected to remain stable or is it expected to decline? If it is expected to decline, describe the expected progression of the hearing loss.

_____________________________________________________________________________________

_____________________________________________________________________________________
In your opinion, is the student in stable condition and capable of sustaining normal academic stress with appropriate supports?

_____________________________________________________________________________________

How often has the student been treated by you in the past 2 years? _______________________

While the student is enrolled at the University, will you be monitoring him/her on a regular basis?
☐ Yes, every: ☐ No; ______________   this student will be followed by: _______________________

Please attach a copy of the student’s audiogram/report and provide the interpretation of it here:

_____________________________________________________________________________________

**Current Symptoms & Concerns**

**Specific Symptoms** - Provide information regarding the student’s current symptoms:

_____________________________________________________________________________________

**Presenting Concerns** - Provide information regarding the student’s current presenting concerns:

_____________________________________________________________________________________

Provide information regarding the student’s symptoms that cause impairment in two or more settings (e.g., work, home, school).

_____________________________________________________________________________________

Please indicate the degree to which the condition **impacts** the student in a classroom, educational/academic and vocational settings.

<table>
<thead>
<tr>
<th>Life and Academic Activities</th>
<th>No Impact</th>
<th>Mild Impact</th>
<th>Moderate Impact</th>
<th>Severe Impact</th>
<th>Unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain in ears</td>
<td></td>
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<td></td>
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<td></td>
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<tr>
<td>Concentration</td>
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<tr>
<td>Alertness</td>
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<td>Attention</td>
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<tr>
<td>Other:</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

Does the student utilize a sign language interpreter, real-time captionist, FM system, hearing aid, etc.? Please specify the type of sign language interpreter, FM system, hearing aid, etc.
**Functional Limitations & Academic Adjustments**
State specific recommendations regarding academic adjustments, auxiliary aids, and/or services for this student, and a rationale as to the reason these academic adjustments, auxiliary aids, and/or services are warranted based upon the student’s functional limitations (e.g., if a note-taker is suggested, state the reasons for this request related to the student’s condition).

_____________________________________________________________________________________

**Functional Limitations & Assistive or Adaptive Technology**
State specific recommendations regarding assistive or adaptive technology for this student, and a rationale as to how the assistive or adaptive technologies are warranted based upon the student’s functional limitations. (e.g., if an FM system is suggested, state the reasons for this request related to the student’s condition).

_____________________________________________________________________________________

Please list the student’s current use of assistive or adaptive technologies (brand and model #).

_____________________________________________________________________________________

Explain the proficiency of the student’s usage of the assistive technology. Was the technology utilized in an educational, home or work setting?

_____________________________________________________________________________________

**STATEMENT OF DISABILITY**
Careful consideration should be given to the statement of disability with respect to severity, impact and duration; because the designation of permanent disability has legal implications and can impact the student’s eligibility for funding. Permanent disability is defined as a functional limitation due to the disorder that restrict the student’s ability to perform daily activities necessary to participate in post-secondary studies, and that is expected to remain with the student for the student’s expected life.

1. In your professional opinion, does this condition constitute a disability? (Please circle)  Yes  No

2. Is this a permanent disability as defined above? (Please circle)  Yes  No

3. If this is a temporary disability what is the anticipated duration? From __________ to __________

4. This is a non-disabling condition in the academic setting? (Please circle)  Yes  No

Additional Information:
The health care professional should also send any reports that provide additional related information. Documentation completed by a relative of the student will not be accepted due to professional and ethical considerations even when the relative is otherwise qualified to do so. The provider signing this form must be the same person answering the questions on the form above.
CERTIFICATE OF ATTENDING HEALTH CARE PROFESSIONAL

Signature __________________________ Date ____________________

Print name ____________________________________________________________________

Title ____________________________ Registration # ____________________

Office Stamp

Area of Specialization: ☐ Audiologist ☐ Otolaryngologist ☐ Other (specify) ______________

Address: _______________________________________________________________________

Phone __________________________ Fax ________________________________