



Accommodations at Collin College for Equal Support Services

Documentation Guidelines/ Deaf / Hard of Hearing

Collin College follows the Americans with Disabilities Act of 1990, the ADA Amendments Act of 2008 (ADAAA), and Section 504 of the Rehabilitation Act of 1973 in developing accommodations with students. Academic accommodations by the ACCESS Office are there to ensure **equal access** to educational activities and programs at Collin College.

Third party documentation will be considered as part of an interactive and individualized process that allows the ACCESS Office to determine eligibility and understand how a student's disability substantially limits one or more major life activity. Reasonable accommodations are recommended based on an understanding of the student's needs, functional limitations, and proposed academic adjustments.

Students are encouraged to upload any third-party documentation when they complete the Student Disclosure and Accommodations Request Form. However, having this documentation on file is not a requirement to schedule a meeting.

If you do not have documentation supporting a diagnosed disability, the attached form can be completed by an Educational Diagnostician, Medical Professional, Psychologist and/or School Psychologist, Speech or Language Therapist, Psychiatrist, Licensed Professional Counselor, etc. to support a diagnosed disability.



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Documentation Guidelines for Deaf and Hard of Hearing

Student's Name: _____ Primary Diagnosis: _____

Please include recent audiology, ENT, speech pathology, or other pertinent medical documentation. Current audiogram required.

Please type or print.

1) Is the patient currently under your care? ____ Yes ____ No

Date last seen: _____

2) Hearing loss condition is: (Circle all that apply):

Progressive / Stabilized / Temporary / Permanent / Fluctuating / Central / Conductive /
Sensorineural / Mixed / Other:

3) If known, date of onset: _____

4) Please describe any Functional Limitations and impact regarding the patient's hearing loss in an educational setting.

5) Please list recommendations for academic adjustments such as sign language interpreter, CART, FM system, or other recommendation(s) which are supported by medical documentation.

Certifying Licensed Practitioner: _____

Practitioner's Name (Print) _____

Practitioner's Title/Certification: _____

Contact Information (Phone/Fax/Address): _____

Practitioner's Signature: _____ Date: _____