



Disability Services

Deaf and Hard of Hearing - Sensory Disorder Documentation

Definition

Deaf and hard of hearing is a reduction or loss of sound.

Common treating professionals for psychological disorders

audiologist, otolaryngology specialist (ear, nose and throat), general practitioner

Notes for consideration

- Any accommodation recommendation must be related to the disability.
- Please consider any recommendation for accommodation in relation to a postsecondary environment not K-12. Accommodations are provided at the postsecondary level to ensure access. Documentation is only one part of the interactive process.
- Any audiological data should be accompanied by a summary
- Documentation may need to be updated to ensure appropriate accommodations.
- The full Board of Regents guidelines may be found here: [BOR Disability Documentation](#)

Required documentation

Documentation should be provided by your treating specialist. The specialist may submit a letter on professional letterhead or complete the attached form. The following information is required:

1. Diagnosis and corresponding ICD code along with the professional's name, license number and signature.
2. Data collected, evaluation or assessment that informed the diagnosis and description of individual's history regarding disability (when diagnosed, how it manifested and was displayed in this particular person)
3. Description and details of current symptoms associated with the impairment and current functioning of the individual at the time of request for services
4. Current severity of the disorder and prognosis for this individual
Is it a chronic disorder? Is it episodic? Is it temporary?
5. Current treatment and stability of this individual in regard to their disability
6. Side effects of treatment or medication
7. Limitations in relation to academics, housing, or the general college environment



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Student name and GGC ID number:

DSM diagnosis name and number:

*Please fill out a new form for each diagnosis.

Description of the individual's history regarding their disability (Please include the date of diagnosis; how it manifested and displayed in the individual; and the date treatment began.)

How does this student access oral communication? (e.g., sign language interpreter, FM listening device)

Description of current functioning (attach report with explanation if needed)

Current prognosis for this individual (chronic, episodic or temporary)

Current treatment plan and stability of the individual (include medications and side effects if applicable)

Limitations in relation to academics, housing, or the general college environment

Provider name and title:

License #:

Provider address and phone:

Provider signature and date: