Student Ability Success Center
San Diego State University

Documentation Guidelines for Deaf and Hard-of-Hearing

In order to determine eligibility for accommodations and services from Student Ability Success Center (SASC) at San Diego State University, verification and supporting documentation of the student's disability must clearly demonstrate that he or she meets the definition of disability as stated in the ADA Amendments Act of 2008 (ADAAA). The impairment must substantially limit one or more major life activities and affect the student's ability to function in an academic environment.

Students requesting accommodations and services must provide the following:

- A medical report with documentation that provides a clear diagnosis of disability.
- A recent copy of an audiogram (within 3 years if progressive).

Student Ability Success Center
San Diego State University
5500 Campanile Drive
San Diego, CA 92182-4740

Telephone: (619) 594-6473
Fax: (619) 594-4315

Disability Verification
(Deaf or Hard-of-Hearing)

The student named below may be eligible for services and accommodations offered through the Student Ability Success Center at San Diego State University. In order to determine eligibility, verification and documentation of the student's disability must clearly demonstrate that he or she has one or more functional limitations in the academic environment. Please note that the determination of actual services and accommodations will be made by the Student Ability Success Center.

TO BE COMPLETED BY STUDENT (Please type or print legibly in ink):

Last Name: _____ First Name: _____

Red ID#: _____ Date of Birth: _____

I authorize the release of the information requested below to the Student Ability Success Center at San Diego State University.

Student's Signature: _____ Date: _____

TO BE COMPLETED BY A LICENSED PROFESSIONAL:

1. Diagnosis:

   _____

2. The disability is:
   ☐ permanent ☐ temporary and expected to last through _____

3. Level of severity:
   ☐ Mild ☐ Moderate ☐ Severe ☐ Partial Remission

4. Date(s) of diagnosis:

   _____

5. **HEARING LIMITATION** (please include a recent audiogram)
   DB Loss: Left _____ Right _____

6. Functional Impact Assessment. Please specify the degree of limitation that the student currently exhibits within each of the following major areas:

0=None
1=Mild/Moderate
2=Substantial

Major Life Activity	Degree of Impact			Major Life Activity	Degree of Impact		
	0	1	2		0	1	2
1. Caring for Oneself	☐	☐	☐	15. Learning	☐	☐	☐
2. Talking	☐	☐	☐	• Reading	☐	☐	☐
3. Hearing	☐	☐	☐	• Writing	☐	☐	☐
4. Breathing	☐	☐	☐	• Spelling	☐	☐	☐
5. Seeing	☐	☐	☐	• Quantitative Reasoning	☐	☐	☐
6. Walking/Standing	☐	☐	☐	• Math Calculating	☐	☐	☐
7. Lifting/Carrying	☐	☐	☐	• Processing Speed	☐	☐	☐
8. Sitting	☐	☐	☐	• Memorizing	☐	☐	☐
9. Performing Manual Tasks	☐	☐	☐	• Concentrating	☐	☐	☐
10. Eating	☐	☐	☐	• Listening	☐	☐	☐
11. Interacting w/Others	☐	☐	☐	16. Working	☐	☐	☐
12. Sleeping	☐	☐	☐	17. Other:	☐	☐	☐
13. Thinking	☐	☐	☐	18. Other:	☐	☐	☐
14. Communicating	☐	☐	☐	19. Other:	☐	☐	☐

7. How does the student's disability affect his/her ability to function in an academic environment? (e.g. mobility, classroom activities, memory, perception, processing speed, etc.)

_____
_____
_____
_____
_____
_____

8. Current prescribed medications related to disability:

Medication	Dose/Frequency	Effects/Side Effects

I certify that the above referenced client/patient has a "physical or mental impairment that substantially limits one or more of the major life activities of such individual" as defined by the ADA Amendments Act of 2008 (ADAAA). In addition, I have the necessary professional qualifications to document my client/patient's disability, and the information provided on this form is accurate to the best of my knowledge.

Name of Professional (please print): _____

Signature of Professional: _____

License#: _____ Date: _____

Address: _____

Phone#: _____ Fax#: _____

Return this form to our office as soon as possible so this student may begin participation in our program. Please include any verifying documents from your files.

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