

Disability Verification Form: Deaf/Hard of Hearing

For DSP Eligibility and Accommodation Planning: Please attach the latest audiological assessment and copy of the audiogram, preferably from within the past year, showing aided and unaided hearing (if applicable).

For DSP Eligibility and Accommodation Planning:

Today's Date:

Student's Name:

Student's 7-digit ID #:

Phone:

Email:

1. Diagnosis

Specific diagnosis:

Date of diagnosis:

Date of Onset (if different):

Primary cause (if known):

Date of most recent evaluation:

Frequency of visits:

2. Evaluation Details

Check all that apply and include relevant reports if available:

Audiological evaluation Date:

Medical/ENT examination Date:

Other: Date:

3. Hearing Details

Type of hearing loss:

Sensorineural Conductive Mixed Auditory Processing Disorder

Laterality:

Left Ear Right Ear Bilateral

Degree:

Mild Moderate Severe Profound

Stability:

Stable Declining Slow Progression Rapid Progression Fluctuating

Onset:

Congenital Adventitious

Assistive Devices Used:

Hearing aid Left Right Both

Cochlear Implant Left Right Both

FM/DM system

Other:

Are any of the listed devices T-Coil or Bluetooth ready? Yes No

If applicable, indicate the student's hearing threshold when using the device(s).

4. Functional Limitations (Indicate severity: 1=mild, 2= moderate 3=severe)

1. Speech recognition (Example: difficulty understanding speech in quiet spaces)
2. Background Noise (Example: Difficulty understanding in noisy spaces)
3. Distance Hearing (Example: Difficulty in large classrooms)
4. Localization (Example: Difficulty determining sound source)
5. Fatigue (Example: Listening effort causes exhaustion)
6. Other

5. Academic Impact

Briefly describe how the hearing loss affects academic activities such as lectures, group discussions, lab work, exams or multimedia use:

6. Provider Information

Provider Name:

License/Certification #:

Signature:

Date:

Phone:

Fax:

How to Submit Documentation to DSP

You may return the completed form in any of the following ways:

- **Fax:** (805) 893-7127
- **Mail:**
University of California, Disabled Students Program
2120 Student Resource Building
Santa Barbara, CA 93106-3070
- **Via Student:** Give the form to the student, who can upload it to the portal.

Important: Documentation is incomplete without the clinician's signature.

For questions, please call DSP at (805) 893-2668. Thank you for your assistance!