



# Stark State College

*Changing Lives...Building Futures*

## Disability Support Services

6200 Frank Ave. NW  
North Canton, Ohio 44720-7299  
(330) 494-6170 Ext. 4935

Fax (330) 497-6313  
E-mail: [disabilityservices@starkstate.edu](mailto:disabilityservices@starkstate.edu)

### DISABILITY VERIFICATION Deaf/Hard of Hearing

To provide appropriate accommodations for our students, Disability Support Services requests documentation of the disability from the individual's diagnosing/current physician or audiologist. For additional information or questions about accommodations and/or documentation guidelines please contact Disability Support Services at 330 494-6170 ext. 4935.

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

1. Diagnosis: \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_ Last contact with student: \_\_\_\_\_

2. Describe the student's degree of hearing loss: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Describe the student's prognosis for this condition: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Describe assistive listening devices or auxiliary aides the student is currently using: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Describe the primary method of communication for the student: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Describe how the diagnosis affects the student in a classroom environment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. List any recommendations for accommodations you have for this student in an academic setting: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. Describe any specific concerns you may have, or other ways that we may be of further assistance to this student/patient: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## **Healthcare Provider Information**

Provider Name and Title: \_\_\_\_\_

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Street Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

**Please mail, fax, or e-mail this completed form to:**

**Stark State College**  
**Disability Support Services**  
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North Canton, Ohio 44720-7299  
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**NOTE: Please Fax to Attention: Disability Support Services.**