



ILLINOIS WESLEYAN
UNIVERSITY

Return form and relevant documentation to:
Chandra Shipley, Coordinator of Disability Services
Illinois Wesleyan University
PO Box 2900
Bloomington, IL 61702-2900
cshipley@iwu.edu
309-556-3231 (phone)
309-556-3436 (fax)

Deafness or Hearing Loss Verification

Disability Services provides accommodations for students who are deaf or who have hearing loss. To determine eligibility, current and comprehensive documentation/verification from a certified audiologist or other qualified professional is required. *Submission of an audiological evaluation and/or audiogram completed within the last three years is required.*

Student's Name: _____

Date of Birth: _____ **IWU ID #:** _____

1. **Diagnosis:** _____

2. **Date of diagnosis:** _____

3. **Last contact with the student:** _____

4. **Treatments, devices, or services currently prescribed or used to minimize the impact of the deafness or hearing loss:**

5. **Describe the student's functional limitations in a university setting:**

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6. Recommended accommodations with rationale:

7. Please indicate any additional information that would help IWU's Disability Services assist the student in a university setting:

I verify that the above-named student information is correct, the student is a patient or client that I have been treating, and I am not a relative of the student.

Print name and title: _____

License Number: _____

Signature: _____ Date: _____

Address: _____

Telephone: _____ Email: _____