



**Return form and relevant documentation to:**  
Office of Student Accessibility Services  
Illinois Wesleyan University  
PO Box 2900  
Bloomington, IL 61702-2900  
accessibility@iwu.edu  
309-556-3231 (phone)  
309-556-3436 (fax)

## Deafness or Hearing Loss Verification

The Office of Student Accessibility 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. **Submission of this form does not guarantee approval of accommodations.***

**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:

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

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***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: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

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