



Disability Support Services

6200 Frank Ave. NW
North Canton, Ohio 44720-7299
(330) 494-6170 Ext. 4935
Fax (330) 305-6629

E-mail: 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
6200 Frank Ave. NW
North Canton, Ohio 44720-7299
(330) 494-6170 Ext. 4935
Fax (330) 305-6629
E-mail: disabilityservices@starkstate.edu

NOTE: Please Fax to Attention: Disability Support Services.