COLLIN COLLEGE | ACCESS

Documentation Guidelines
Deaf and Hard of Hearing

Students requesting support services through the **ACCESS Office** at Collin College are required to submit documentation **after admission to Collin College** to verify eligibility under the Americans with Disabilities Act of 1990, ADA Amendments Act of 2008, and Section 504 of the Rehabilitation Act of 1973. Academic accommodations provided by **ACCESS** ensure **equal access** to educational activities and programs at Collin College.

Current documentation must validate the need for services based on an **individual's present level of functioning**. In order for a person to qualify under the Americans with Disabilities Act, ADA Amendments Act of 2008, or Section 504 of the Rehabilitation Act, **a disability must substantially limit a major life function (learning).** Therefore, a well-written report with an interpretive summary based on a comprehensive evaluation is a necessary component of documentation. **ACCESS** will determine if reasonable and appropriate academic accommodations are warranted and can be provided for an individual.

Students may have one or more physical conditions for which they are being treated, and these may be temporary, chronic, or progressive in nature. Students requesting support services through **ACCESS** are required to submit current documentation of their disability which must affect a major life function in order to qualify for services.

These guidelines will assist you in working with your medical professional to prepare information needed for **ACCESS** to determine your eligibility for requested academic accommodations. The documentation must include the following:

1. An evaluation and diagnosis made by an Otologist, Audiologist, Speech Pathologist, or other appropriate specialist licensed in the specific field of disability. Provide the evaluator's name, title, and professional credentials and affiliations. Include information about licensure, area of specialization, and the professional address and phone number of the physician. **The evaluator must be impartial and not related to the person being evaluated.**

2. Documentation from the attending physician must be typed on letterhead.

3. The documentation must include:

   - A clear statement regarding deafness or hearing loss
   - Brief medical history related to the diagnosis, including age of onset
   - Indication of the status of the disability:
     Is the disability stable, chronic, progressive, fluctuating?

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- Statement regarding the severity of the disability (mild, moderate, profound)
- **Functional limitations** the medical condition creates in an educational setting
- Recommendations for academic accommodations based on specific features/symptoms of the disability (i.e. seat in front of class, Sign Language Interpreter, CART, Hearing Aid, FM System) and rationale
- Supporting documentation must include audiogram, Speech Pathology report, or Certificate of Deafness, if applicable; however additional documentation may be necessary

4. The Audiogram must be current (created in the past three years). However, the age of documentation is dependent on the nature/stability of the disability. It should accurately reflect how the disability **currently** impacts the student in a post-secondary educational setting.

5. Documentation must reflect the **functional limitations** and current symptoms/features; if the documentation does not, students may be required to submit updated information and/or documentation.

6. Medical professional may complete **Documentation Guidelines for Deaf and Hard of Hearing form** to assist in providing information requested above. ***This form can be used to accompany or supplement medical reports.*** **Please type or print.**

Documentation received will be reviewed by a committee, and the student will be notified of the decision regarding eligibility. Documentation is reviewed weekly; however, during peak times, we request at least two to three weeks to notify student of the decision regarding eligibility. Providing documentation does not automatically qualify an individual for academic accommodations.

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I, _____, request that _____complete and submit the document below to **Collin College's ACCESS Office** to assist them in determining my eligibility for academic accommodations. I consent to the release of this information and other pertinent medical evaluations/records to Collin College. I understand that I can revoke this Consent by giving written notice of revocation.

_____ _____ _____ _____
Student Name (print) Student's Signature Date DOB

If under18 years of age, a parent must also sign this request. _____
Parent Signature Date

Dear Medical Professional,
The above mentioned student has applied for academic accommodations with Collin College. In order to determine if this student will qualify, we need your medical / clinical assessment. We are requesting the necessary information to determine if this student's medical condition substantially limits one or more major life activities, including learning. **PLEASE TYPE OR PRINT.** Please list student's diagnoses and medical condition with ICD 10 diagnostic code.

1) Date of initial diagnosis:

3) Is the patient currently under your care? Yes / No Date last seen: _____

4) **Medical History**: (Check all that apply)

□Bacterial Meningitis
□ Craniofacial anomalies (describe)
□ Other (specify) _____

5) Hearing loss condition is (Circle all that apply): progressive / stabilized / temporary / permanent / fluctuating / conductive / sensor neural / mixed / central

6) Please list any **functional limitations** and impact regarding the patient's hearing loss in an educational setting. Please elaborate

7) Can student hear within speech range **unaided**? If no, explain.

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Student's Name: _____ **Primary Diagnosis:**_____

Please list recommendations for academic accommodations such as sign language interpreter, CART, FM system, or other recommendation(s) **supported by medical documentation**.

*****Please include recent audiology, ENT, speech pathology, or other pertinent medical documentation. Current audiogram required.**

The evaluator must be impartial and not related to the person being evaluated.

Certifying Medical Professional:

_____ Date

_____ Title

_____ Medical Professional's Name (print)

_____ Medical Professional's Signature

_____ Mailing Address

_____ Phone

_____ City, State, Zip

_____ Fax

Please mail or fax completed form with supporting documents to address below:

ACCESS Office Collin College 2800 E. Spring Creek Parkway Plano, TX 75074
972-881-5898 (phone) / 972-881-5896 (fax)
EFFECTIVE 8/25/11