



P.O. Box Jamestown, NC 27282
Phone: (336) 334-4822
www.gtcc.edu



**Documentation of Hearing Impairment
Verification Form**

As the diagnosing professional, please fully complete all sections of this form. Additional reports, information, or a narrative can be attached if appropriate.

Please note: All information that you provide may be shared with this student unless clearly marked otherwise. Thank you for your assistance.

I, _____, hereby authorize the release of the following information to disAbility Access Services at Guilford Technical Community College for the purpose of determining my eligibility for services.

Student Signature Date of Birth Date of Request

TO BE COMPLETED BY THE DIAGNOSING PROFESSIONAL

I. Diagnosis

Primary Diagnosis: _____
Date of Diagnosis: _____ Date of Last Evaluation: _____

Have there been changes in hearing loss within the past two years?

Yes ____ No ____

Secondary Diagnosis: _____
Date of Diagnosis: _____ Date of Last Evaluation: _____

II. Treatment

Is amplification effective?

Yes: ____ No: ____

III. Current Impact

In the space below please provide a summary of how the disability will impact the student in the educational environment (i.e., limitations/restrictions, strategies for achieving equal access, etc.). Which services, if any, do you recommend? NOTE: This is for informational purposes only. If required, Guilford Technical Community College will determine the appropriate services.

Thank you for your cooperation in this matter. Your prompt attention will allow us to begin providing services as soon as possible. Incomplete or missing information can prevent or delay necessary services. This form must be completed and signed by the qualified professional who performed the evaluation and made the diagnosis.

Professional Credential Documentation (PLEASE ATTACH YOUR BUSINESS CARD TO THE DOCUMENT OR ANOTHER FORM OF IDENTIFICATION FOR THE STUDENT FILE.)

Name _____

Address _____

Title _____

Professional Credentials _____ Phone : _____

License/Certification number _____

Signature _____ Date _____

To expedite the process, you may fax a copy to **1-336-232-9803**. All documentation is confidential. In addition to faxing, please mail the signed, original form to:

Guilford Technical Community College:
disAbility Access Services
P.O. Box 309
Jamestown, NC 27282
Attention: _____

disAbility Access Services

Creating Successful Futures