DIRECTIONS III

DIRECTIONS FOR DOCUMENTATION OF A HEARING DISABILITY

MANDATORY: FROM YOUR HEALTH CARE PROVIDER, MEDICAL DOCTOR, OTOLOGIST OR AUDIOLOGIST: (Show this form to the evaluator)

1. Please submit an audio logical and ontological evaluation dated within the past 12 months.
2. Include aided thresholds; specifically addressing functional implications with and without amplification.

TO THE HEALTH CARE PROVIDER;
According to legal standards, documentation must be very thorough in order to secure accommodations under federal guidelines for Americans with Disabilities. Even if a student is diagnosed with a disability, accommodations cannot be granted without proper documentation. The evaluation must describe a substantial limitation of one or more major life activities. The evaluator must show that the substantial limitation pertains directly to the educational accommodation or service is requested.

FROM YOUR UNDERGRADUATE SCHOOL:
MANDATORY: If your Hearing Impairment occurred while you were in undergraduate school, call or write your Accommodations Department and request:

1. Special Education Comprehensive Testing, including educational, intellectual and achievement test results for undergraduate school.
2. Speech and Language Assessments from undergraduate school.

FROM AN OUTSIDE AGENCY:
Forward copies of any assessments completed since your graduation from undergraduate school. an outside evaluator, such as the Texas Rehabilitation Commission, or another agency may have conducted these assessments.

FROM OUTSIDE TESTING AGENCIES:
An official notice of testing accommodations granted for the LSAT if you received accommodations.

Include a copy of the most recent audiogram and any other reports which provide additional related information.
RECOMMENDED NONSTANDARD CLASSROOM
AND/OR TESTING ACCOMMODATIONS

Check all accommodations you believe are necessary for this student.

_____ specified seating (front, back, middle, end in a classroom)
_____ restroom breaks if necessary (classes are about 50 minutes in length)
_____ other (specify ____________________________ )
_____ braille version of exam of books
_____ enlarged print of exam (12 pt. Font is used)
_____ use of magnifying glass
_____ other special devices (specify ____________________________ )
_____ reader
_____ special assistance in gridding scantron
_____ additional testing time
_____ sign language interpreter
_____ audio cassette version of exam
_____ separate testing area (section of classrooms, separate room if available)
_____ breaks (specify ____________________________ )
_____ food or drinks during exam
_____ medication during exam
_____ water during exam
other: ____________________________

I understand that this completed Form III must be filed by the student in order to receive accommodations in the classroom and/or exams.

I certify that the information provided by me on this form is true and correct to be the best of my knowledge.

I understand that a representative from Texas Southern University Thurgood Marshall School of Law may contact me for clarifications of my responses on this form.

Signature of Licensed Physician/Licensed Professional ____________________________ Date ____________________________

License or Certificate Number ____________________________