



The University of North Carolina at Charlotte
9201 University City Boulevard
Charlotte, N.C. 28223-0001

Disability Services/Fretwell 230
Voice/TDD 704/687-4355
FAX 704/687-3226

To be completed by audiologist or physician:

HEARING LOSS ADDENDUM (This form supplements the Physical Disability Verification form)- The Office of Disability Services needs additional information in order to determine appropriate supports, including assistive technology.

Student's Name _____ **Student ID#** _____

****PLEASE ATTACH A COPY OF STUDENT'S MOST RECENT AUDIOLOGY REPORT****

Describe the symptoms associated with this student's hearing loss, current status and prognosis: _____

Describe how this hearing loss may affect this student both academically and/or physically: _____

What is student's primary mode of communication? _____

List any assistive technology and/or adaptive equipment currently being used, including brand name, model number, and a brief description of the equipment: _____

If assistive technology will be required in the classroom, please provide specific list of adaptive equipment that will be compatible with student's personal adaptive equipment: _____

Completed by _____

Date: _____

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