



Durham Technical Community College  
Accessibility Services Office  
1637 Lawson Street / Durham, North Carolina 27703  
919-536-7208 [accessibilityservices@durhamtech.edu](mailto:accessibilityservices@durhamtech.edu)

## Deaf and Hard of Hearing Documentation Guidelines

Durham Technical Community College provides reasonable accommodations for students with a documented disability of deaf or hard of hearing. Post-secondary students no longer have IEPs because the Individuals with Disabilities Education Act (IDEA) does not exist at the college level; however, an IEP may be included as part of a more comprehensive report. Durham Tech students are governed under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act, specifically subpart E.

Durham Tech Accessibility Services Office will make the final determination of whether appropriate and reasonable accommodations are warranted and can be provided for the individual. *Students with disabilities are expected to satisfy the academic standards required by the college and perform essential course functions without substantially altering the curriculum requirements.*

**Student: Complete this release form and return to the Durham Tech Accessibility Services Office. Be sure to complete the personal impact statement on page 2.**

Student name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Student ID number: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

### REQUIRED DOCUMENTATION—Must be current (within the past five years)

1. An audiogram indicating the severity of the hearing impairment must be provided by a licensed audiologist.
2. If specific recommendations of accommodations are made, the rationale must relate each accommodation to the functional limitations imposed by the disability.
3. If other disabilities are present, please provide additional documentation

Evaluator's name (please print): \_\_\_\_\_

Licensure/Certification: \_\_\_\_\_ Date: \_\_\_\_\_

# Impact Statement

Use this form to request disability accommodations. This form may be completed alone or with an accessibility services staff member. You may attach additional pages if necessary. In addition to your response, you may also ask others who currently know you or have observed you to submit answers to these questions in a separate document.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_

Program of study: \_\_\_\_\_ Student ID number: \_\_\_\_\_

Describe in as much detail as possible the diagnosed condition that is currently impacting and substantially limiting your ability to learn.

Documented disability: \_\_\_\_\_

---

---

Describe in as much detail as possible how the diagnosed condition has impacted and substantially limited your ability to learn in the recent past.

Current impact: \_\_\_\_\_

---

---

---

---

Describe the accommodations or services that you think you will need to be successful at Durham Tech.

Accommodations/Services: \_\_\_\_\_

---

---

---

---

---

---