



CHARLOTTE SCHOOL *of* LAW

Charlotte School of Law
2145 Suttle Ave.
Charlotte, NC 28208

Office of the Dean for Student Services
(p)704-971-8500
(f)704-971-0960

**REQUEST FOR ACCOMODATIONS
HEARING LOSS ADDENDUM**
(This form supplements the Physical Disabilities Request Form)

STUDENT'S NAME: _____

****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 the 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 a specific list of adaptive equipment that will be compatible with student's personal adaptive equipment:

Completed by: _____

Date: _____

Please return completed form with Physical Disabilities Request Form to the Office of Student Services.