

Documentation for attestation of students with a hearing impairment

The form below must be completed by the **(treating) doctor**. The document is returned to the Study Guidance via the student. The data attested here will be processed and treated in accordance with the Belgian and European privacy legislation and in accordance with the provisions in the education and examination regulations of the institution.

EXPLANATION

1. General

Study Guidance is responsible for the recognition, the advising of specific facilities and the assistance of students with a disability at Vrije Universiteit Brussel. The student's disability must be documented¹ for the following reasons:

- The student is required to confirm his disability with sufficient, objective and clear medical documentation **to obtain recognition as a student with a disability**.
- **To be able to offer accommodations** as an institution, it is important to have as good as possible an overview of the student's particular difficulties and their impact on his/her school performance. This overview offers a base for the assessment, with the difficulties measured against the program requirements and against the feasibility of reasonable adjustments in the faculty.

2. Target groups and qualified experts for the documentation

The documentation is to be completed by a qualified expert determined per target group. Please find an overview of the target groups and the corresponding qualified experts below.

Target group	Qualified expert
Students with a physical disability	(Treating) doctor
Students with a hearing impairment	(Treating) doctor
Students with a visual impairment	(Treating) doctor
Students with a chronic disease	(Treating) doctor
Students with a developmental disorder	(Treating) doctor), (child and youth) psychiatrist, neurologist, neuropediatrician, certified psychologist or registered orthopedagogue, speech therapist; depending on subtype (see further general part: overview of specific attestation bundles)

¹ The procedure followed at Vrije Universiteit Brussel is based on the method recommended by the Vlor (Vlaamse Onderwijsraad - Flemish Education Council): 'Handleiding registratie studenten met een functiebeperking en bijbehorende formulieren', Raad Hoger Onderwijs, 21 april 2015.

Students with a psychiatric disability	(Treating) doctor), (child and youth) psychiatrist, certified psychologist or registered orthopedagogue
Students with another disability	(Treating) doctor

3. Documentation for attestation

We kindly request that you, as a competent expert, **thoroughly document and objectify the student's loss of function.**

You can do this using this documentation, which comprises the following parts:

General part (Part 1)

This is where you may indicate which loss of function the student is showing. The nature of the disability determines the target group to which the student belongs.

The Vlor-form for a specific target group (Part 2)

You are required to complete section A and section B.

Section A deals with the nature, severity and duration of the loss of function. The request to attest does not imply that the authorized person must carry out a diagnostic examination in any case. It is also possible to attest after viewing the reports that the student makes available.

Section B maps the loss of function and its impact on school activities.

Both parts are to be completed by the **qualified expert for that particular target group.** The student will be in charge of returning both documents to Study Guidance.

4. Privacy

The medical documentation (part 1 and part 2) is kept in the student's file by a student psychologist of Study Guidance. The data attested here will be processed and treated in accordance with the Belgian and European privacy legislation and in accordance with the provisions in the education and examination regulations of the institution.

5. Contact

You may contact the Reflex-team of Study Guidance, should you still have questions, via reflex@vub.be or +32 (0)2 629 20 16.

GENERAL PART (PART 1)

The documentation comprises two parts. In this general part (part 1), the **nature of the loss of function** is to be indicated. The overview of the included functions is based on the International Classification of Functioning, Disability and Health (ICF). The nature of the disability **determines the target group** to which the student belongs. With a view to further documentation, the decision tree is to be followed and the Vlor+ form for the specific target group is to be completed (part 2).

The following forms are available for specific target groups:

Documentation for attestation	Qualified expert
Students with a physical disability	(Treating) doctor
Students with a hearing impairment	(Treating) doctor
Students with a visual impairment	(Treating) doctor
Students with a chronic disease	(Treating) doctor
Students with an autism spectrum disorder (ASD)	(Treating) doctor, (child and youth) psychiatrist, neuropsychiatrist, certified psychologist or registered orthopedagogue
Students with an attention deficit hyperactivity disorder	(Treating) doctor, (child and youth) psychiatrist, neurologist, neuropsychiatrist, certified psychologist or registered orthopedagogue
Students with a tic disorder	(Treating) doctor, (child and youth) psychiatrist, neurologist, neuropsychiatrist
Students with a developmental coordination disorder	(Treating) doctor, neurologist, neuropsychiatrist, (child and youth) psychiatrist
students with a stuttering disorder (developmental stuttering)	(Treating) doctor, speech therapist
students with developmental dysphasia	(Treating) doctor, speech therapist
Students with a psychiatric disability	(Treating) doctor, (child and youth) psychiatrist, certified psychologist or registered orthopedagogue
Students with another disability	(Treating) doctor

If so desired, the student can request the documentation for an additional target group from us or download it on student.vub.be/en/special-student-facilities.

STUDENT'S IDENTIFICATION INFORMATION

Student's name:

Date of birth:

Student number:

IDENTIFICATION INFORMATION OF THE EXPERT

Name:

Date:

Autograph:

Doctor's stamp

RECORD DATA (to be completed by the Study Guidance)

Study/Faculty/Campus:

Receipt date of complete file:

Nature of the loss of function

The qualified expert documents that the student presents the following loss of function:

<p><input type="checkbox"/> Single disability, in one of the following body functions:</p> <p><input type="checkbox"/> Neuromusculoskeletal and movement-related functions The documentation for students with physical disabilities target group is to additionally be completed if the disability does <i>not</i> result from a chronic disease, psychiatric disability or developmental disorder.</p> <p><input type="checkbox"/> Hearing functions The documentation for students with hearing impairment target group is to additionally be completed if the disability does <i>not</i> result from a chronic disease or psychiatric disability.</p> <p><input type="checkbox"/> Visual functions The documentation for students with visual impairment target group is to additionally be completed if the disability does <i>not</i> result from a chronic disease or psychiatric disability</p> <p><input type="checkbox"/> Cardiovascular, haematological, immunological and respiratory functions</p> <p><input type="checkbox"/> Digestive, metabolic and endocrine system</p> <p><input type="checkbox"/> Genitourinary and reproductive functions The documentation for students with a chronic disease target group is to additionally be completed if the disability does result from a chronic disease. The documentation for students with another disability target group is to additionally be completed if the disability does <i>not</i> result from a chronic disease or psychiatric disability.</p> <p><input type="checkbox"/> Mental functions The documentation for students with a chronic disease target group is to additionally be completed if the disability does result from a chronic disease. The documentation for students with a developmental disorder target group is to additionally be completed if the disability does result from a developmental disorder. The documentation for students with a psychiatric disability target group is to additionally be completed if the disability does result from a psychiatric disability. The documentation for students with another disability target group is to additionally be completed if the disability does <i>not</i> result from a chronic disease, psychiatric disability or developmental disorder.</p> <p><input type="checkbox"/> Other:</p> <p><input type="checkbox"/> Voice and speech functions</p> <p><input type="checkbox"/> Pain functions</p> <p><input type="checkbox"/> Skin and related systems functions</p> <p>The documentation for students with another disability target group is to additionally be completed if the disability does <i>not</i> result from a chronic disease, psychiatric disability or developmental disorder.</p>
<p><input type="checkbox"/> Single disability, the loss of function results from a chronic disease: The documentation for students with a chronic disease target group is to be completed.</p>
<p><input type="checkbox"/> Single disability, the loss of function is connected to a psychiatric disability: The documentation for students with a psychiatric disability target group is to be completed.</p>
<p><input type="checkbox"/> Multiple disabilities: If there is a multiple loss of function, the corresponding form for the specific target group is to be completed for each disability.</p>

VLOR-FORM (PART 2)

STUDENTS WITH A HEARING IMPAIRMENT

The form below must be completed by the **(treating) doctor**. The document is returned to Study Guidance via the student. The data attested here will be processed and treated in accordance with the Belgian and European privacy legislation and in accordance with the provisions in the education and examination regulations of the institution.

To assist students as efficiently as possible, we would like to underline the following areas of attention in completion of this form.

- The form is to be completed entirely, objectively and meticulously.
- The form is to be completed by the qualified expert.
- Both section A and section B are to include the date, the signature and the identification (stamp) of the qualified expert.

We cannot accept documents that fail to meet these requirements.

STUDENT'S IDENTIFICATION INFORMATION

Student's name:

Date of birth:

Student number:

**SECTION A
LOSS OF FUNCTION**

1. Nature of the loss of function

I, the undersigned, document that the person identified above shows the below indicated hearing losses of function:

0 Hearing loss of sounds: a moderate hearing loss at the 500, 1000 and 2000Hz (Fletcher index) frequencies of

- left: dB
- right: dB

0 Reduced speech intelligibility (to be documented when the Fletcher index is lower than 40dB). The phoneme score for speech audiometry with Dutch CVC syllables at 70dB SPL:%

0

This loss of function results from:

2. Data for registration

Following the above, I **confirm** that this person has a hearing impairment that meets one on the following conditions:

- 0 (1) an average hearing loss of 40dB or more for the best ear at the 500, 1000 and 2000Hz (Fletcher index) frequencies,

or, if the Fletcher index is less than 40dB,
- 0 (2) a phoneme score of 80% or less with speech audiometry with Dutch CVC syllables at 70dB SPL,
- 0 a hearing condition, objectified by undersigned doctor and described in point 1 (nature of the loss of function), which cannot be reduced to criteria 1 or 2, but of which the impact on the school performance is evident and documented in section B of this form by undersigned doctor.

I hereby also **confirm** that:

- 0 the disorder and the loss of function are **permanent**: there is a non-existent or negligible chance of improvement (spontaneous or following treatment) that would lead the loss of function to no longer meet the conditions described above.
- 0 the disorder and the loss of function is (likely) of a **temporary** nature: there is an effective or expected loss of function, or a need for a preventive follow-up of **at least 12 months**, with an impact on school performance.

3. Stamp, date and signature of (treating) doctor

Date

Stamp

Signature

STUDENT'S IDENTIFICATION INFORMATION

Student's name:

Date of birth:

Student number:

SECTION B IMPACT ON SCHOOL PERFORMANCE

I hereby document that, following a serious hearing impairment described in section A of this form, the student identified above experiences difficulties in performing the following school activities:

1. Communication and information exchanges

- **Hearing**, in large groups, in small groups (e.g. when assisting lectures, during (interactive) seminars, during group works), when watching clips and footage etc.).
Difficulties:

- **Speaking**, incl. articulation and intelligibility.
Difficulties:

2. Task management

- Attention and concentration, time management, stress management.
Difficulties:

3. Other

- Possible impact of general tiredness and/or available energy and/or treatment on the ability to attend classes, to study,
Difficulties:

4. Stamp, date and signature of the (treating) doctor

Date

Stamp

Signature