ASHLAND UNIVERSITY

Student Accessibility Center

Disability Verification Form

Ashland University's Student Accessibility Center (SAC) provides academic resources, services and accommodations for students with diagnosed disabilities. The documentation provided regarding the disability diagnosis must demonstrate a disability covered under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA) of 1990. The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities.

The outline below has been developed to assist the student in working with the treating or diagnosing healthcare professional (psychiatrist, psychologist, counselor, therapist, social worker, medical doctor, nurse practitioner, optometrist, speech-language pathologist etc.) in obtaining the specific information to evaluate eligibility for academic accommodations.

A. The healthcare professional(s) conducting the assessment and/or making the diagnosis must be qualified to do so. These persons are generally trained, certified, or licensed to diagnosis medical or psychological conditions.

B. All parts of the form should be completed as thoroughly as possible. Inadequate information, incomplete answers and/or illegible handwriting will delay the eligibility review process by necessitating follow up contact for clarification.

C. The healthcare provider should attach any reports which provide additional related information (e.g. psycho-educational testing, neuropsychological test results, etc.). If a comprehensive diagnostic report is available that provides the requested information, copies of that report can be submitted for documentation instead of this form.

D. The information you provide will be kept in the student's file at the Student Accessibility Center, where it will be held strictly confidential. This form may be released to the student at his/her request. In addition to the requested information, please attach any other information you think would be relevant to the student's academic adjustment.

If you have questions regarding this form, please contact Silvia Henriss, Director of the Student Accessibility Center at: 419-289-5904 or shenriss@ashland.edu.

Thank you for your assistance.

Ashland University Student Accessibility Center **Disability Verification Form**

STUDENT INFORMATION

(Please Print Legibly or Type)

First Name: _____ Middle: _____ Last: _____

Date of Birth: _____

Status (check one): ☐current student ☐transfer student ☐prospective student

Cell phone: (_____) - _____ - _____

Address (street, city, state and zip code):

_____

_____

Important: After documentation is reviewed, the Student Accessibility Center will contact the student acknowledging receipt, and scheduling an Intake meeting.

DIAGNOSTIC INFORMATION

(Please Print Legibly or Type)

1. Date of Diagnosis: _____

2. Primary Diagnosis: _____

   Secondary Diagnosis: _____

3. What is the severity of the diagnosis? ☐ **Mild** ☐ **Moderate** ☐**Severe**

4. Please state the medication or treatment the student is currently prescribed:

   _____

   _____

   _____

   _____

5. Please attach any relevant diagnostic information on **provider letterhead**, such as test results, psychological summary, neurological results summary, etc.

6. **Major Life Activities Assessment**: *Please check which of the following major life activities listed below are affected because of the disability. Indicate severity of limitations.*

Life Activity	Negligible	Moderate	Substantial	Don't Know
Concentrating	☐	☐	☐	☐
Memory	☐	☐	☐	☐
Eating	☐	☐	☐	☐
Social Interactions	☐	☐	☐	☐
Self-Care	☐	☐	☐	☐
Regular Class Attendance	☐	☐	☐	☐
Speaking	☐	☐	☐	☐
Learning	☐	☐	☐	☐
Reading	☐	☐	☐	☐
Thinking	☐	☐	☐	☐
Communicating	☐	☐	☐	☐
Keeping appointments	☐	☐	☐	☐
Stress Management	☐	☐	☐	☐
Managing internal distractions	☐	☐	☐	☐
Managing external distractions	☐	☐	☐	☐
Sleeping	☐	☐	☐	☐
Organization	☐	☐	☐	☐

7. In addition to the major life activities affected that are indicated above, please describe any activities that may be impacted by the disability or symptoms that may need to be addressed in the college environment:

8. Please state specific recommendations regarding academic accommodations for this student (for example, extended time for testing – typically 50% up to double time, distraction reduced testing area, reader for tests, classroom modification, etc.):

9. Please add any additional comments that you deem helpful or appropriate:

HEALTHCARE PROVIDER INFORMATION

(Please sign & date below and completely fill in all other fields using PRINT or TYPE)

Provider Signature: _____ **Date**: _____

Provider Name (Print): _____

Title: _____

License or Certification #: _____

Address:

_____

_____

Phone Number: (_____) - _____ - _____

FAX Number: (_____) - _____ - _____

Email: _____

Please return completed form to:

Silvia Henriss, Director
Student Accessibility Center
Ashland University
401 College Ave
Ashland, OH 44805

Email: shenriss@ashland.edu

FAX: 419-289-5294