ASHLAND UNIVERSITY

Student Accessibility Center

Disability Verification Form

To help determine reasonable accommodations, qualified professionals may submit documentation on behalf of students. Base your conclusions on all evidence in file (clinical and laboratory findings; symptoms; observations, lay evidence; reports of daily activities, etc.). This information will be used in conjunction with the student's self-report to determine reasonable accommodations on an individual basis. Medical information will be considered but is not the definitive information that informs our final decisions. We consider a multitude of factors. A medical provider's recommended accommodation does not automatically bind SAC/AU to approve the accommodation as being reasonable. When recommendations within documentation would primarily enhance academic success or are considered outside the scope of what is necessary for equal access, the student will be referred to other resources and or given options that may be able to address the specific need

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

Thank you for your assistance.

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:

Julie Donatini, Director
Student Accessibility Center
Ashland University
401 College Ave
Ashland, OH 44805

Email: jdonatin@ashland.edu

FAX: 419-289-5294