

VERIFICATION OF DISABILITY To Be Completed by Treatment Provider

Under the Americans with Disabilities Act (ADA), as amended, qualified individuals with disabilities may be entitled to reasonable accommodations (which includes academic adjustments and auxiliary aids and services) necessary to ensure equal access to the University's programs and activities. To determine eligibility and to provide reasonable accommodations and services, the Accessibility Services Office (ASO) requires documentation of the student's disability. Documentation must indicate that a current mental or physical impairment exists and that the identified impairment substantially limits one or more major life activities.

This form serves as one option for providing disability documentation to ASO; please review our [Documentation Guidelines](#) for more information.

Please take note of the following as you complete this form:

- **The person completing this form should be a credentialed provider who is either (1) qualified to assess and diagnose the student's condition, and/or (2) is a part of the student's treatment for a previously diagnosed condition.** These providers are generally trained, certified, or licensed to diagnose and/or treat medical and psychological conditions. Examples include: primary care provider, psychiatrist, therapist, specialist, medical doctor, advanced practice provider (APP), etc.
 - To avoid any conflict of interest, ASO will not accept documentation provided by family members, close relatives, and/or people not serving in an official capacity with the student.
- **Please complete all parts of this form as specifically as possible.** Inadequate information, illegible handwriting, or missing fields may delay assessment of reasonable accommodations.
- **Provider may attach any other documents or information they think would be relevant in determining the student's academic accommodations.**
 - This could include any documents which provide related information (such as pertinent educational or medical records, neuropsychological/psychoeducational evaluation, etc.)
- **Documentation submitted to ASO becomes part of a student's educational record and is protected by FERPA.** Please visit OWU's [FERPA Webpage](#) for more information.
- **Receipt of documentation and provision of reasonable accommodations cannot guarantee success** – rather, we focus on disability-related access to the University's programs. All students are responsible for meeting the University's academic standards.

Student Name: _____ Student DOB: _____

Student Preferred Name: _____ Today's Date: _____

Student OWU ID (if known): _____

1. **Diagnosis/Description of condition.**

2. **What is your role** in working with this student? (i.e., therapist, PCP, specialist, etc.)

3. In addition to ICD-10 and/or DSM-5 criteria, **how did you (or the evaluating clinician) arrive at your diagnosis?** Please check all relevant items below, adding brief notes that you think might be helpful to us as we determine which accommodations and services are appropriate for the student.

- | | |
|--|---|
| <input type="checkbox"/> Structured or unstructured interview with student | <input type="checkbox"/> Neuro-psychological testing
(date of testing) _____ |
| <input type="checkbox"/> Interviews with other persons | <input type="checkbox"/> Psycho-educational testing
(date of testing) _____ |
| <input type="checkbox"/> Behavioral observations | <input type="checkbox"/> Standardized or non-standardized rating scales |
| <input type="checkbox"/> Developmental history | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Educational history | |
| <input type="checkbox"/> Medical history | |

4. Based on your subjective opinion, **how well do you know this student?**

(Not Well at all) 0 1 2 3 4 5 (Very Well)

5. **Symptoms/Manifestations of condition(s):**

6. **Expected duration** of condition:

- Permanent/Chronic
- Long-term (6-12 months)
- Medium-term (3-6 months)
- Short-term (60-90 days)
- Temporary (60 days or less)

Condition is: Static Improving Worsening

7. In your opinion, is the student a danger to themselves or others? YES NO

8. **Level of severity** (if applicable):

(Mild) 0 1 2 3 4 5 (Severe)

9. If the condition is **episodic or has flare ups**, please describe:

- a) **Frequency:**
- b) **Duration:**
- c) **Known Triggers:**

10. How are symptoms/disability currently being treated or controlled? Describe medical treatments, therapies, devices, or regimens prescribed including compliance and response to intervention. If treated with medications, please list and discuss relevant side effects.

11. Date of **initial visit** with this clinic/provider: _____

12. Date the **diagnosis was formally established**: _____

13. **Frequency and number of provider visits** in the past twelve months:

14. Date that the student was **last seen**: _____

15. A disability is described as a condition or impairment which substantially limits a major life activity. **Please list the [major life activities](#) limited by this condition.** (Note: if none, no accommodations would be needed at OWU.)

16. What accommodations are recommended to mitigate or eliminate the impact of the disability on the student's academic life? Accommodations are provided on a case-by-case basis and are not limited to the list below.

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Enlarged Font |
| <input type="checkbox"/> Extended Time on Testing: 50% | <input type="checkbox"/> FM system |
| <input type="checkbox"/> Extended Time on Testing: 100% | <input type="checkbox"/> ASL Interpreter |
| <input type="checkbox"/> Distraction Reduced Testing Environment | <input type="checkbox"/> Captioning |
| <input type="checkbox"/> Individual testing room | <input type="checkbox"/> Communication Access Realtime Translation (CART) |
| <input type="checkbox"/> Reader | <input type="checkbox"/> Accessible Furniture |
| <input type="checkbox"/> Scribe | <input type="checkbox"/> Excused Medical Absences |

Use of computer (note-taking or testing)

Extended Time on Assignments

Peer note-taker

Readings in Alternative Format

Other recommended accommodations or assistive technologies:

17. Optional: You may use the space below (and additional sheets as needed) to provide any other information that you believe will be helpful to university staff in considering the accommodations that you are recommending. This could include information about concurrent treatment providers, relevant life history, current circumstances that are atypical about their condition, etc.

I, the undersigned, certify that the information provided for the aforementioned student is true and correct to the best of my knowledge and belief:

Treating Provider Signature (*if in training, please include supervisor signature*)

Name (*please print*)

Title / Name of Agency

License Number

Phone Number

Address

Date

This form may be returned to the student for them to upload with their online request form or faxed by the provider directly to ASO (Fax: 740-368-3499). Please type or print answers.