

**Disability Support Services**

8000 York Road

Towson, MD 21252

t.410-704-2638

f.410-704-4247

www.towson.edu/dss**DISABILITY VERIFICATION FOR STUDENTS WITH PHYSICAL OR MEDICAL DISABILITY**

The student named on the following page has asked to register with Disability Support Services (DSS) at Towson University.

Under the Americans with Disabilities Act as amended (ADAAA) and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. Federal law defines a disability as a physical or mental impairment that substantially limits a major life activity (e.g., learning, reading, concentrating, and thinking). As part of the interactive process to determine what, if any, reasonable accommodations may be provided, DSS requires current and comprehensive documentation of the student's impairment. A diagnosis alone does not automatically qualify a student for accommodations. Disability documentation is reviewed by DSS staff on a case-by-case basis and, in addition, DSS staff will meet directly with the student to determine eligibility for services.

Qualified Professional: The diagnosis must be provided by a licensed health care provider such as a medical doctor, doctor of osteopathic medicine, registered nurse, nurse practitioner, or physician's assistant. The diagnostician must be an impartial individual who is **not a close friend of the family or a family member of the student**.

After completing this form, please fax or mail it to DSS at the address above. The information you provide will be maintained in a secure and confidential file within the DSS office. Please contact the DSS if you would like further information. Thank you for your assistance.

***Please note: This form must be completed in its entirety to be considered as acceptable documentation.**

Disability Verification for Students with Physical or Medical Disabilities

To be completed by the student's health care provider

Student's name _____ DOB _____

Today's date _____ Date of diagnosis: _____

This student has been under a physician's care for this issue since: _____

Date student was last seen _____ How often do you see this student? _____

Diagnosis (es): _____

How long is this condition likely to persist? _____

1. How did you arrive at your diagnosis? Check all that apply and include relevant findings to a checked area.

☐ Interview with student _____

☐ Interview with significant others _____

☐ Behavioral observations _____

☐ Developmental history _____

☐ Medical history _____

☐ Medical tests _____

Disability Verification for Students with Physical or Medical Disabilities

2. Please list any coexisting conditions that should be considered when determining accommodations.

3. Identify the level of impact the student's physical or medical disability has on major life activities and learning.

1= Unable to Determine 2= No Impact 3= Mild Impact 4= Moderate Impact 5= Substantial Impact

1	2	3	4	5	Major Life Activities		1	2	3	4	5	Learning
					Maintaining appropriate hygiene							Memory
					Talking							Concentrating
					Hearing							Listening
					Seeing							Organizing/Prioritizing/Planning
					Breathing							Managing external distractions
					Sitting							Managing internal distractions
					Walking							Timely submission of assignments
					Standing							Attending classes and appointments as scheduled
					Eating							Managing deadlines
					Sleeping							Collaborating with classmates on group projects
					Performing Manual tasks							Managing stress
					Lifting/Carrying							Reading
					Interacting with others							Writing
												Spelling
												Test taking
												Processing Speed

Disability Verification for Students with Physical or Medical Disabilities

4. Describe current symptoms that impact the student's ability to perform in a college setting.

5. What is the student's prognosis? _____

6. How long do you anticipate that the student's performance in a college setting will be impacted by the disability?

☐ 6 months ☐ 1 year ☐ 1-2 years ☐ on-going ☐ unknown

7. Have there been any changes in the student's condition in the past 12 months? If yes, please explain.

☐ No

☐ Yes _____

8. Do you anticipate any changes in the student's condition or medication in the next 12 months? If yes, please explain.

☐ No

☐ Yes _____

9. List medications the student is currently taking for this condition.

Medication	Side Effects	Academic Impact	Persistence of Symptoms

Disability Verification for Students with Physical or Medical Disabilities

10. If the nature of the student's condition is episodic, what is the typical frequency and duration of the episodes?

11. If the condition is a seizure disorder, approximately how many seizures has the student had in the past 6 months?

12. Indicate your recommendations and justifications regarding reasonable accommodations in the college environment.

Recommended Accommodation	Justification

Please note: A reasonable accommodation is a modification or adjustment to a course or program that eliminates or minimizes disability-related barriers and enables a qualified student with a disability to participate. At the college level, the purpose of an accommodation is to correct or circumvent a functional impairment rather than to ensure a student's success. In reviewing the accommodation requested by the student or recommended by an evaluator, the DSS office may find that the accommodation is not appropriate given the requirements of a course or program. DSS may propose an alternative accommodation that would be appropriate for the student, but which neither the student nor evaluator has requested.

Printed Name/Credentials/Field: _____

Signature: _____ Date: _____

License Number: _____

Address: _____

Telephone: _____ Fax: _____