DISABILITY VERIFICATION FORM

To the Diagnosing Professional: The student named below has applied for services from the Center for Student Academic Support (CSAS) at The University of Tulsa. The University of Tulsa provides academic services and accommodations to students with disabilities. Students seeking services must provide appropriate medical documentation of their condition so that The University of Tulsa’s Eligibility Committee can determine the student’s eligibility for accommodations, and then, if the student is eligible, decide on the appropriate academic accommodations.

*The Americans with Disabilities Act and Amendments (ADA-AA) defines disability as “a physical or mental impairment that substantially limits one or more major life activities, a record of such impairment, or being regarded as having such an impairment.” Disabilities involve substantial limitations and are distinct from common conditions not substantially limiting major life activities.*

Documentation required to verify the student’s condition and its severity includes completion of this form or provision of equivalent information to CSAS by a professional with the appropriate training and credentials. Depending on the student’s condition, the appropriate professional should be a licensed psychiatrist, psychologist, medical doctor, licensed counselor, or other qualified and licensed health professional. Any professional completing this form must have first-hand knowledge of the student’s condition, experience in working with college students with disabilities and a familiarity with the physical, emotional and cognitive demands experienced by students in an academic setting. Documentation should include information that describes the condition, the functional difficulties and limitations for an educational setting, indicates the severity and longevity of the conditions, and offers recommendations for accommodation. Diagnoses of disabilities documented by family members are unacceptable. For additional information regarding documentation guidelines, refer to the Educational Testing Services (ETS) guidelines at [www.ets.org](http://www.ets.org).

For the Student: Complete this section:

________________________ ______________________ ______________________
First Name               Last Name               TU Student ID #

By my signature below, I request that my health care provider provide information about my disability and functional limitations to the University of Tulsa’s Center for Student Academic Support.

________________________
Signature of Student requesting release of information to the University of Tulsa

For the Certifying Professional: Complete this and all subsequent sections:

Today’s Date: _______________  (Please attach your business card)

Printed Name: ____________________________  Title: ____________________________

Signature: ____________________________

Signature denotes: content accuracy, adherence to professional standards and guidelines on page 1 of this document. By my signature I affirm that all statements and documents that I am submitting in support of a request for reasonable accommodation are true and correct. I understand that falsifying or misrepresenting facts or information may result in violation of professional standards or the law.
License Type: __________________________________________________
License Number: ____________________ State: ______ Exp. Date: ____________
Mailing Address: ____________________________________________________ City/State/Zip: ____________________________
Phone: (______) __________ Fax: (______) __________ Email: __________________________

Diagnosis Information

Diagnosis(es): ________________________________ Date of Onset: ___ Anticipated Duration: ___
(temporary/permanent)

__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________
__________________________________________

Date of student’s last appointment with you: ________________

How often do you see the student for care? (circle): weekly monthly twice monthly annually as needed

Diagnostic Tools

How did you arrive at your diagnosis/diagnoses? Please circle any relevant items below:

Interviews with the student Behavioral observations Interviews with other persons
Interviewer-rated scales Self-rated scales Medical history Developmental history

Diagnostic testing (specify tests administered; attach results): ________________________________
__________________________________________
__________________________________________
__________________________________________

Psychological testing (specify tests administered; attach results): ________________________________
__________________________________________
__________________________________________
__________________________________________

Neuro-psychological testing (specify tests administered; attach results): ________________________________
__________________________________________
__________________________________________
__________________________________________

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Medication/Treatment/Prescribed Aids

1. What medication, treatment, and/or prescribed aids are currently being used for the diagnoses above?

2. Describe any medication side-effects that may adversely affect the student’s academic performance.

3. Describe any other relevant aspects of this condition that may impact educational or interpersonal behavior and achievement (functional limitations).

4. What recommendations do you make regarding effective academic accommodations to equalize this student’s educational opportunities at the post-secondary level? (Describe services/accommodations in exam administration, classroom or study activities, course requirements, transportation or adjustment of the classroom physical environment.)

In addition to the diagnostic report/testing, please attach other information relevant to this student’s academic adjustment that will aid in making appropriate decisions about accommodations.

Please return completed form to CSAS (contact info page 1): ATTN: Dr. Tawny Rigsby, Director.