

## *Disability Verification Form*

Accessibility Services (AS) provides academic services and accommodations for students with diagnosed disabilities. Under the Americans with Disabilities Act and the Rehabilitation Act of 1973, an individual with a disability means any person who:

1. Has a physical or mental impairment that substantially limits one or more major life activities;
2. Has a record of such an impairment; or,
3. Is regarded as having such an impairment.

“Major life activities” include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working.

Students are responsible for obtaining and providing disability documentation, including necessary testing/psychological evaluations, at their own expense. It is important to realize that although the diagnostician may recommend specific accommodations, the determination for providing appropriate and reasonable accommodations and/or academic adjustments rests with the institution.

To ensure the provision of reasonable and appropriate services, students requesting services are required to provide documentation in adherence with the following guidelines:

- ◆ A qualified professional must conduct the evaluation. The name, title and professional credentials of the evaluator, including information about license or certification as well as the area of specialization, employment and state/province in which the individual practices should be clearly stated in the documentation. It is not considered appropriate for professionals to evaluate members of their own families.
- ◆ The documentation must include a clear diagnostic statement that describes how the condition was diagnosed, provides information on the functional impact, and details the typical progression or prognosis of the condition.
- ◆ The documentation must include a description of the diagnostic criteria, evaluation methods, procedures, tests and dates of administration, as well as a clinical narrative, observation, and specific results. When appropriate to the nature of the disability, having both summary data and specific test scores within the report is required (ex. for learning disabilities).
- ◆ The documentation must be recent and age-appropriate so as to determine the need for services based on the individual’s *current* level of functioning in the educational setting.
- ◆ The diagnostic report should include specific recommendations for accommodations and/or academic adjustments as well as an explanation as to why each accommodation/adjustment is recommended. The evaluators should describe the impact the diagnosed disability has on a specific major life activity as well as the degree of significance of this impact on the individual. The evaluator should support recommendations with specific test results or clinical observations.

### ***STUDENT INFORMATION***

Student Name (Last, First, Middle): \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Status (circle one):      Current student      Prospective student

Campus (circle one):              BG Campus              Firelands Campus

If BGSU student, ID Number: \_\_\_\_\_ Email address: \_\_\_\_\_@bgsu.edu

Local/Cell Phone: \_\_\_\_\_

Mailing Address (Street, City, State, and Zip Code): \_\_\_\_\_

I \_\_\_\_\_, a student at Bowling Green State University give permission to release the requested information to the Office of Accessibility Services.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### ***DIAGNOSTIC INFORMATION***

(To be completed by qualified professional)

To facilitate the gathering of critical information, please fill in the following information, attach the diagnostic report, and return this to Bowling Green State University's Office of Accessibility Services.

Diagnosis: \_\_\_\_\_

DSM-V Diagnosis: \_\_\_\_\_

(if relevant) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_

Date of Last Contact with Student: \_\_\_\_\_

Basis on which diagnosis was made: \_\_\_\_\_

\_\_\_\_\_

What measures were used to assess the following (Please attach diagnostic report and include test dates)

Aptitude: \_\_\_\_\_  
\_\_\_\_\_ Date of test administration: \_\_\_\_\_

Achievement: \_\_\_\_\_  
\_\_\_\_\_ Date of test administration: \_\_\_\_\_

Information Processing: \_\_\_\_\_  
\_\_\_\_\_ Date of test administration: \_\_\_\_\_

Social-Emotional: \_\_\_\_\_  
\_\_\_\_\_ Date of test administration: \_\_\_\_\_

Other (physical findings, x-rays, lab tests): \_\_\_\_\_  
\_\_\_\_\_ Date of test administration: \_\_\_\_\_

Provide a summary of the student's educational, medical, and family history that may relate to the diagnosis.

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Current medications including dosage and side effects, if applicable to educational needs:

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Does this person pose a threat to him/herself or others? If so, please specify in what ways:

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History of hospitalization:

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Describe the student's functional limitations in an educational setting. Please be as detailed as possible.

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What recommendations do you have regarding necessary and appropriate auxiliary aids or services, academic adjustments or other accommodations to provide equal access to the student's educational opportunities at Bowling Green State University?

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In addition to the diagnostic report, please attach and describe other information relevant to this student's academic adjustment:

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**Qualified Professional's Name & Title:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Daytime Telephone number:** \_\_\_\_\_

**Fax number:** \_\_\_\_\_

**License/Certification number and state of licenser:** \_\_\_\_\_

**Type of License:** \_\_\_\_\_

**Date of initial contact with student:** \_\_\_\_\_

**Date of last contact with student:** \_\_\_\_\_

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**Qualified Professional's Signature** **Date**

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**Please submit this completed form to Bowling Green State University, Accessibility Services.**