

## Disability Verification Form

This form facilitates the individualized review of a student's need for requested accommodations and assists Student Accessibility Services at St. Lawrence University in developing appropriate accommodation plans in collaboration with the student.

### **Healthcare Provider Guidelines for Completing Form:**

- a) This form should be completed by a qualified professional with an established treatment relationship with the student and must not share a familial relationship.
- b) Ensure clarity and thoroughness. Inadequate information, incomplete answers, or illegible handwriting may delay the process. If additional space is needed, you may attach a separate document with your answers.
- c) Supplement this form with any evaluative reports to provide a comprehensive understanding of the student's accommodation needs, if applicable.
- d) Return this form to the student or submit via email to [studentaccessibility@stlawu.edu](mailto:studentaccessibility@stlawu.edu), or via fax to (315) 229-7453. For questions, contact [studentaccessibility@stlawu.edu](mailto:studentaccessibility@stlawu.edu) or (315) 229-5537. *All information will be held with strict confidentiality.*

### **Healthcare Provider Information:**

By signing this form, the healthcare professional certifies that they are an appropriately credentialed or licensed professional trained in the assessment and treatment of the diagnosis(es) described herein.

Provider Name (Print):

Provider Signature:

Credentials/Certifications:

Clinical License Number:

Address:

Phone:

Fax:



**Please complete the general information and diagnosis, and impact sections regardless of the type of accommodations being requested (i.e. academic or residential). Please do not skip these sections.**

Student's name:

Student's date of birth:

Date of first contact with student:

Date of last contact with student:

Total number of sessions:

Today's date

**Diagnosis and Impact:**

1. What is the diagnosis(es)? If no formal diagnosis is available, please provide a detailed description of the functional limitations, symptoms, or impacts.
2. If any of the student's diagnoses are not expected to be permanent, what is the anticipated duration of the impact(s) of the condition?
3. What types of services does the student engage in (e.g. therapy, medication, etc.) for management and recovery of symptoms/functional limitations? Describe any side effects/functional limitations resulting from treatments or medications.
4. What symptoms and functional limitations impact the student's access in a postsecondary environment? Please note accommodations will be determined based on documented, specific functional limitations.





