ST. LAWRENCE UNIVERSITY

Student Accessibility Services

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, or via fax to (315) 229-7453. For questions, contact 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 descriptioin 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.

5. **If the student experiences episodes or flare-ups related to their condition, please answer the sub-questions below. If the student has a condition that is more constant or controlled, please skip to question 6**.
    a. What is the severity in which the student experiences the symptoms/functional limitations? (i.e. mild, moderate, severe)

    b. What is the frequency in which the student experiences the symptoms/functional limitations? (i.e. once a day, once a week, once a month, etc.)

    c. What is the duration in which the student experiences the symptoms/functional limitations? (i.e. 30 minutes, 1 hour, 6 hours, 1 day, etc.)

6. **What accommodations should be considered to facilitate equal access for this student in a postsecondary environment, and how would each accommodation support equal access relative to the experience of all students?**

Complete this section if the student is requesting housing and/or dining accommodations (skip if not applicable):

Please note that Student Accessibility Services aims to establish equitable living environments by granting accommodations to address disability-related living needs, rather than personal preferences or academic success.

1. Describe the **functional limitations** and severity of the impact on the student in the context of a residential setting. Please note accommodations will be based on documented, specific functional limitations.

2. Describe the **specific symptoms** that might affect the student's access to university housing and/or dining. Include information related to triggers, and frequency/duration of these symptoms.

3. Describe the **relationship** between the functional limitations and the need for each requested accommodation to ensure equal access to housing and/or dining.

Please complete this section if the student is requesting an Emotional Support Animal (skip if not applicable):

Websites offering certificates or registrations for assistance animals often have minimal requirements as brief interviews or questionnaires, for a fee. However, under the Fair Housing Act, housing providers can request reliable documentation to support reasonable requests for assistance animals. According to the U.S. Department of Housing and Urban Development (HUD), internet-based documentation alone is usually insufficient to establish non-observable disability or the need for an assistance animal. The questions below help to gather reliable documentation for such requests. Information adapted from HUD Assistance Animal Notice (2020).

Name of Animal:

Species:

Age of animal:

1. Describe the student's specific disability-related symptoms and how the animal alleviates them, beyond the benefit of a typical pet. General statements (e.g. "the animal alleviates anxiety") are insufficient—please provide details.

2. Is there evidence that an animal has helped this student in the past? If not, can you explain why you believe that this may be an effective form of support for the student now?