

Disability Verification Form

Purpose of this Form

Carlow University makes every reasonable effort to provide qualified applicants and students with disabilities with the opportunity to take full advantage of its programs, activities, services and facilities. The Disability Services Office (DSO) supports this commitment by arranging reasonable accommodations tailored to individual needs.

Your patient/client has requested accommodations through the DSO and is requesting that you provide documentation in support of their request. Documentation is required that confirms the disability, its impact on a major life activity, and how it affects the student's academic performance and participation in standard classroom or testing situations

Please note:

- Documentation and all related information will be treated as confidential.
- Information will not be released without the student's written consent, unless required by law.
- The information you provide will be used solely to evaluate and determine reasonable accommodations
- This form serves as **one possible** option for providing disability documentation to the DSO. For further information, please review our [Documentation Guidelines](#).

Guidance

- When students seek accommodations, the DSO needs to determine 1) if the student's physical or mental health condition qualifies as a disability, 2) the barriers and impacts the student experiences related to the disability, and 3) the level and severity of the impacts.
- Documentation is only one part of the interactive process during which accommodations will be determined. DSO staff will work with students to determine individualized accommodations using both documentation and insight shared by the student during the Intake Interview.

- While medical providers may provide recommendations for accommodations, the DSO will determine what accommodations are reasonable and appropriate within the University setting and within the technical and academic requirements of a student's program.

Instructions

- Section one is to be completed by the student.
- Sections II-IV of this form must be completed by a licensed medical provider credentialed to diagnose and treat the stated condition(s).
- The provider should clearly state the patient/client's diagnosis and functional limitations/impact. Please be as thorough as possible.
- Provider signature and license information must be included.

- Please include any documents which provide related information that would be relevant in determining the student's academic accommodations. (This could include educational records, medical records, neuropsychological/psychoeducational evaluation, vocational assessment, etc.) The aforementioned documentation can be submitted with or in lieu of this document.

How to Submit

Students are responsible for the collection and submission of documentation to the DSO.

The completed form should be uploaded to the [Accommodate system](#) or submitted via email at dso@carlow.edu.

For questions, please contact us at dso@carlow.edu or 412-578-6257.

Section I: Student Information and Consent

(To be completed by the student)

STUDENT INFORMATION	
Full Name:	Student ID:
University Email:	Phone Number:

Consent for Release of Information: I authorize my provider to release the information requested on this form to the Carlow University Disability Services Office for the purpose of determining eligibility for accommodations. I understand that this information will be kept confidential in accordance with the Family Educational Rights and Privacy Act (FERPA).

Student Signature:	Date:
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Section II: Medical Provider Information

The remainder of this form must be completed by a qualified provider:

MEDICAL PROVIDER INFORMATION	
Name:	
Address:	
Phone:	Email:
Credentials and Licensing Information:	

In what capacity do you work with the student?
Date of Initial Visit/Appointment:
Date of Most Recent Visit/Appointment:

Other relevant information regarding relationship with student:

Section III: Diagnosis and Functional Limitations

Diagnosis (include DSM-5 or ICD codes)

Duration and Severity

Describe the symptoms meeting criteria for this diagnosis

Describe how and to what extent the condition limits the student's functioning in the academic setting (Examples, exams, reading, writing, hearing, concentrating, learning, mobility, etc.)

If the condition is episodic/flares-up, describe the frequency, duration and possible triggers:

Are there impacts from treatment/medication that could impact the student's academic performance? Please provide specifics.

Additional information or considerations that may aid in the exploration of reasonable accommodations in the university setting:

Section VI: Recommendations

Based on functional limitations described above, please provide recommendations for accommodations. Note: Final determination of appropriate accommodations will be made by the DSO.

Provider Signature:

Date: