CARLOW UNIVERSITY

Devoted to the Future of You.

CARLOW UNIVERSITY
Disability Services Office
Email: dso@carlow.edu
Phone: 412-578-6257
Fax: 412-578-2027

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) does this, in part, by arranging specific reasonable accommodations.

Your patient/client is requesting you to provide documentation of a disability for assessment of reasonable accommodations.

Documentation and information regarding disability is considered confidential and will not be released without the student's consent, unless required by law.

NOTE: This form serves as one option for providing disability documentation to the Disability Services Office. 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

- 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.

Questions

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

Section I: Student Information and Consent

Section I should 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_____

Section II: Medical Provider Information

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

Medical Provider 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

(To be completed by the provider)

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**_____