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Disability Verification Form
(Qualified Professional Provider Form)

Students requesting support services under laws pertaining to non-discrimination and equal access for individuals with disabilities such as the Americans with Disabilities Act, as Amended (ADA-AA) and Section 504 of the Rehabilitation Act of 1973 are required to submit documentation to verify their eligibility for services and accommodations. This documentation must indicate evidence that the student has a disability that substantially limits a major life activity such as caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working. **The provision of "all reasonable accommodations" is based on the current impact of the disability on academic performance. Thorough documentation is needed to help determine the appropriate reasonable accommodations that the student is qualified to receive.** It is, therefore, in the student's best interest to provide recent and appropriate documentation.

The Accessibility Resources Center (ARC) at the University of New Haven strives to ensure that qualified students with a disability are accommodated. It should be noted that academic accommodations are intended to ensure access to educational opportunities for students with disabilities. The mandate to provide reasonable accommodations does not extend to adjustments that would "fundamentally alter" the nature of the course, course components, or course requirements.

The student named below is requesting an accommodation due to their disability. So as to ensure that this accommodation request be considered, ARC requires that this form be completed by a qualified professional who has first-hand knowledge of the student's condition and is an impartial individual not related to the student.

Professional Information (This section is to be completed by a qualified Professional)

Student: _____ Date of Completion of Form: _____

Name of Certifying Professional: _____

Name of Agency: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Professional Title: _____

License/Certification Number and Issuing State: _____

Date of onset of condition: _____ Date of Last Contact with Student: _____

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Diagnostic Assessment

Please attach a copy of any diagnostic report, psychoeducational assessment or neuropsychological evaluation associated with this case.

***Diagnosis (also include DSM Code)*: _____**

Date of Diagnosis: _____

How was the diagnosis determined?

- Structured or unstructured interviews
- Behavioral observations
- Developmental history
- Educational history
- Medical history
- Neuropsychological testing (dates of testing): _____
- Psycho-educational testing (dates of testing):_____
- Other (please specify):_____

How would you categorize this condition?

- Stable
- Prone to exacerbation (please consider this when indicating impact, see chart on page 3)

Comments:_____

_____

_____

Duration of the impairment is:

- Permanent
- Temporary: Provide expected duration **OR** re-evaluation date:_____

If applicable, indicate any medications currently prescribed which may impact the student's functioning, including any impact produced by side-effects.

_____

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_____

Please feel free to provide any additional relevant history, psychosocial, or contextual factors:

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_____

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Impact of Condition on Educational Success

Indicate impact of client's condition on **each** of the following major life activities:

Life Activity	Mild	Moderate	Substantial	N/A	Comments
Operation of a major bodily function					
Performing manual tasks					
Seeing					
Hearing					
Breathing					
Sleeping					
Eating					
Sitting					
Standing					
Lifting/Bending					
Walking					
Speaking					

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Suggested Accommodations

NOTE: *Final determination of appropriate accommodations will be determined by the Accessibility Resources Center in accordance with the mandates of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, as amended, as well as court rulings and Department of Education Office of Civil Rights rulings related to these two laws*.

Each recommended accommodation must be accompanied by an explanation of its relevance to the functional limitations of the diagnosed disability, and how it specifically affe academic abilities.

Indicate recommended reasonable accommodations for this student in relation to the impairment. Specifically discuss the rationale for each recommendation, relating each to a functional limitation identified on the previous page.

State alternatives to meet the documented need if the above recommendations cannot be met.

If other treatments are currently mitigating the limitations of the student's impairment, please provide rational for further accommodations.

Discuss the potential impact on your client if the recommended accommodation(s) cannot be granted.

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Signature of Certifying Professional

*I certify that this information is true, accurate, and complete.

Signature of Certifying Professional _____ Date _____

For clarification regarding the student's academic ability as affected by this diagnosed condition, the Director of the Accessibility Resources Center may need to contact you. Please list the best times to contact you:

_____

*This document may not be released without written permission from the student, except in cases of disclosure as required by FERPA. FERPA allows the student access to this document, but you may specify that this access be given only after meeting with a person qualified to explain the document.

*Check ONE: _____ Student Access
_____ Student Access Only after meeting with qualified professional

Thank you for your assistance in completing this form

If you have any questions regarding the nature of this information needed for students with disabilities, please call the Accessibility Resources Center at (203) 932-7332, Mon. through Fri. from 8:30 A.M. to 4:30 P.M.

This form and any supplemental documentation can be submitted to Accessibility Resources Center at AccessibilityResCtr@newhaven.edu, or via fax (203) 931-6082, or send via mail to:

University of New Haven
Accessibility Resources Center
300 Boston Post Road
West Haven, CT 06516