

Verification Form for Students Seeking Academic Accommodations Based on Disability

The student named below has requested services from the Disability Center at the University of Missouri. In order to determine eligibility and to provide services we require documentation of the student’s disability. This documentation should provide enough information to clearly substantiate that a student’s medical, physical or psychological condition rises to the level of disability as defined by the Americans with Disabilities Act of 1990 and the Americans with Disabilities Amendments Act of 2008. **This form is not sufficient to document a learning disability.** Please refer to our general documentation guidelines for information on documenting a specific learning disability.

Under the ADA of 1990, ADAAA of 2008, and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities may be entitled to reasonable accommodations in order to ensure equal access. A disability is defined as a “physical or mental impairment that substantially limits one or more major life activities.” To establish that an individual is qualified, **documentation must confirm that a specific disability exists** and that the disability requires accommodation. This would include information on onset, longevity, severity of symptoms, functional limitations, and effect of medications or other required treatment. Documentation **must also support the request** for specific accommodations and academic adjustments. Please refer to our “Guidelines on Documentation of a Disability” for detailed documentation requirements.

Please attach any additional information you think would be relevant to the student’s need for accommodations. Please contact us if you have questions or concerns. Thank you for your assistance with this process.

Student Name

____/____/____
Date

1. Diagnoses and ICD-10-CM codes or equivalent criteria:

-or-

DSM-V TR diagnosis:

Axis I: _____

Axis II: _____

Axis III: _____

Axis IV: _____

2. Date of diagnosis: ____/____/____

3. Date of last contact with student: ____/____/____

4. How did you arrive at your diagnosis? Please check all relevant items below, adding brief notes that you think might be helpful. If you arrived at your diagnosis using some other form of diagnostic testing, please describe in the space provided below.

- | | |
|---|---|
| <input type="checkbox"/> Behavioral Observations | <input type="checkbox"/> Neuro-Psychological Testing, Date(s) of Testing |
| <input type="checkbox"/> Developmental History | <input type="checkbox"/> Psycho-Educational Testing, Date(s) of Testing |
| <input type="checkbox"/> Educational History | <input type="checkbox"/> Rating Scales (e.g. CAARS, Brown ADD Scales for Adults) |
| <input type="checkbox"/> Interviews with Other Person | <input type="checkbox"/> Structured or Unstructured Interviews with Person Himself or Herself |
| <input type="checkbox"/> Medical History | <input type="checkbox"/> Other (please specify) |

If this is documentation for ADHD/ADD, please check the following diagnostic criteria:

A. Check either (1) and/or (2)

____ 1. Six (or more) of the symptoms of inattention have persisted for at least 6 months to a degree that is maladaptive and inconsistent for developmental level.

____ 2. Six (or more) of the symptoms of hyperactivity-impulsivity have persisted for at least 6 months to a degree that is maladaptive and inconsistent with developmental level.

B. ____ Some symptoms were present before age 7

C. ____ Symptoms must be present across two or more settings (e.g. at school, work, and home)

D. ____ The disturbance causes clinically significant impairment in social, academic, or occupational functioning

E. ____ Symptoms do not occur exclusively during the course of PDD, Schizophrenia or other Psychotic Disorder and is not better accounted for by Mood, Anxiety, Dissociative or Personality Disorder.

5. Review of pertinent history and a prognosis:

6. What medications is the student currently taking?

7. Does this condition significantly limit one or more of the following major life activities? Please indicate the level of limitation.

Life Activity	No Impact	Moderate Impact	Substantial Impact	Don't Know
Attending Class				
Breathing				
Calculating				
Caring for Oneself				
Concentrating				
Eating				
Hearing				
Interacting w/others				
Learning				
Lifting/Carrying				
Making/Keeping Appointments				
Managing Distractions				
Meeting Deadlines				
Memorizing				
Organization				

Life Activity	No Impact	Moderate Impact	Substantial Impact	Don't Know
Performing Manual Task				
Reaching				
Reading				
Seeing				
Sitting				
Sleeping				
Spelling				
Stress Management				
Taking Exams				
Talking				
Thinking				
Walking/Standing				
Working				
Writing				
Any other information you would like to share:				

8. For those major life activities checked above, please provide an explanation of the impact of the limitation (e.g. degree of significance, how it affects the student in a learning environment):

9. Please provide medical information that will be relevant in an educational setting, concerning medication/therapeutic needs; side effects of the prescribed medication/therapy; and whether the student is still adjusting to the medication/therapy:

10. How long do you anticipate that the student's academic achievement will be impaired by his or her disability?

Circle one: 6 months 1 year More than 1 year Permanently

11. Is there anything else you think we should know about the student's disability (e.g. any information about the presence and impact of a dual diagnosis)?

12. What specific academic accommodations would you recommend for this student?

CERTIFYING PROFESSIONAL*

Printed Name: _____

Signature: _____

Address: _____

Please attach
business card
here

*Qualified diagnostic professionals include: physicians, psychiatrists, and psychologists. The qualifying professional must have expertise in the area for which they are rendering a diagnosis, including the differential diagnosis of the documented medical, physical, or psychological condition, and follow established practices in the field.