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Disability Verification Form

The Oglethorpe Office of Accessibility Services provides accommodations for students with diagnosed disabilities. The purpose of this form is to assist medical providers in documenting a student's relevant disability information for determining accommodation eligibility.

Note: This form serves as a suggested option (not the only option, nor a requirement) for providing disability documentation. Other examples of documentation include a physician's letter on letterhead, a diagnostic report, and/or Psycho-educational evaluation. To review our documentation guidelines, visit our website <https://success.oglethorpe.edu/accessibility-services/>

Please take note of the following as you complete this form:

- A. **The person completing this form should be a healthcare professional who is either (1) qualified to assess and diagnose the student's condition, and/or (2) is a part of the student's treatment plan for a previously diagnosed condition.** These professionals are generally trained, certified, or licensed to diagnose and/or treat medical conditions. Examples include psychiatrist, psychologist, therapist, social worker, medical doctor, optometrist, speech-language pathologist.
- B. **Please complete all parts of this form as thoroughly as possible.** Inadequate information, illegible handwriting, or missing fields may delay the eligibility review process by necessitating follow up contact for clarification. We recommend typing answers directly on this form if possible to avoid delays in processing.
- C. **We invite you to attach to this form any other documents or information you think would be relevant in determining the student's academic accommodations.**
- D. **The information you provide will be kept in the student's file at Accessibility Services, where it will be held securely and confidentially.** This form may be released to the student if requested.

Once completed, please return this form back to the student so that they may deliver to the Office of Accessibility Services. If you have questions regarding this form, please call/email the Office of Accessibility Services at 404-364-8335 - Accessibility@oglethorpe.edu



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Thank you for your assistance.

STUDENT INFORMATION (Please Print Legibly or Type)

Name (First and Last Name):

Date of Birth:

Phone Number:

DIAGNOSTIC INFORMATION (Please print legibly or type)

1. Specific Diagnosis/Disability:
2. Date of Diagnosis:
3. Procedure/assessments used to diagnose this condition (Attach copies of results if applicable):
4. What is the severity and duration of the disorder?
5. Please state the medication and/or treatment the student is currently prescribed:
6. Please describe how the student's disability symptoms or treatment plan impacts their academics:



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7. Please state specific recommendations regarding academic accommodations for this student:

8. Please add any additional comments that you feel appropriate that may be helpful in determining accommodations:

HEALTHCARE PROVIDER INFORMATION

(Please sign and date below and completely fill in all other fields using PRINT or TYPE)

Provider Signature:

Date:

Provider Name (print):

Title & credentials:

Address:

Phone Number:

Email Address: