DISABILITY VERIFICATION FORM

The Accessibility Services Office (ASO) at Ohio Wesleyan University provides academic accommodations and services for students with diagnosed disabilities. The documentation provided regarding the disability diagnosis must demonstrate a disability covered under Section 504 of the Rehabilitation Act of 1973, Title III of the Americans with Disabilities Act (ADA) of 1990, and the Americans with Disabilities Amendments Act of 2008. The information you provide will *not* become part of the student's educational records but will be kept within the Accessibility Services Office.

To provide sufficient information regarding the student's disability, please do one of the following:

A. Complete all questions within the Disability Verification form

or

B. Provide the following information on professional letterhead:

1. A diagnostic statement identifying the disability
2. Date of diagnosis
3. Name and credentials of the diagnosing professional(s)
4. Assessments scores (If applicable)
5. Summary of assessment results
6. Medication prescribed (if applicable)
7. Recommendation for Academic Support Services
8. Reason(s) for academic support services
9. Attach any reports which provide additional related information

NOTE: The professional(s) conducting the assessment and/or making the diagnosis must be qualified to do so such as an M.D., Psychologist, LSW-S, etc.

If you have **questions** regarding this form, please call the ASO at 740-368-3990 or email slrowlan@owu.edu.

STUDENT INFORMATION
(Please Print Legibly or Type)

Name (Last, First, Middle):

OWU ID Number:

Phone #:

Student E-Mail address: **@owu.edu**

Campus Address (Hall & Room # or Complete Off-Campus Address):

1. **What is the diagnosis, date of diagnosis, and last contact with the student?**

2. **Is the student/patient currently under your care? Yes ☐ No ☐**

3. **What is the severity of the disorder? Mild ☐ Moderate ☐ Severe ☐**

4. **What is the expected duration of this disability?**

5. **Major Life Activities Assessment (next page):** *Please check which of the following major life activities listed below are affected because of the impairment. Indicate severity of limitations.*

Life Activity	Negligible	Moderate	Substantial	Don't Know
Concentrating	☐	☐	☐	☐
Thinking	☐	☐	☐	☐
Learning	☐	☐	☐	☐
Reading	☐	☐	☐	☐
Writing	☐	☐	☐	☐
Memory	☐	☐	☐	☐
Stress Management	☐	☐	☐	☐
Managing internal distractions	☐	☐	☐	☐
Managing external distractions	☐	☐	☐	☐
Regular Attendance	☐	☐	☐	☐
Keeping appointments	☐	☐	☐	☐
Time Management	☐	☐	☐	☐
Organization	☐	☐	☐	☐
Social Interactions	☐	☐	☐	☐
Self-Care	☐	☐	☐	☐
Sleeping	☐	☐	☐	☐
Standing	☐	☐	☐	☐
Reaching	☐	☐	☐	☐
Lifting	☐	☐	☐	☐
Sitting	☐	☐	☐	☐
Walking	☐	☐	☐	☐
Manual Tasks	☐	☐	☐	☐
Seeing	☐	☐	☐	☐
Hearing	☐	☐	☐	☐
Breathing	☐	☐	☐	☐
Talking	☐	☐	☐	☐
Eating	☐	☐	☐	☐
Other:	☐	☐	☐	☐

(Continued on next page)

6. **List current medications(s), impact, and adverse side effects.**

7. **What specific symptoms does the student have that might affect the student's academic performance?**

8. **Describe any situations or environmental conditions that might lead to an exacerbation of the condition.**

9. **Please state specific recommendations regarding academic accommodations (e.g. extra time for exams, etc…) for this student, based upon the student's functional limitations. Indicate why the accommodations are necessary.**

(Continued on next page)

HEALTHCARE PROVIDER INFORMATION

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

Provider Signature: **Date**:

Provider Name (Print):

Title:

License or Certification #:

Business Address:

Phone Number:

Fax Number:

Important: Please return completed/signed form to the Accessibility Services Office. The form may be hand delivered by the student, mailed, faxed, or emailed to:

Accessibility Services Office
Ohio Wesleyan University
Corns Hall 316
Delaware, OH 43015
Phone: (740) 368-3990
Fax: (740) 368-3499
Email: slrowlan@owu.edu

After paperwork is reviewed, ASO will send an email notification to the students OWU email account to discuss next steps.