



DISABILITY SUPPORT SERVICES

Disability Verification Form Students Requesting Accommodations Due to Physical, Mental Health, Chronic Health, and Autism Spectrum Conditions.

The student providing you with this form requests accommodations to address a disability-related barrier and ensure equal access at Loyola University Maryland. As part of the interactive process of determining what accommodations are necessary and reasonable, Disability Support Services (DSS) requests documentation from educational, medical, and mental health professionals with current knowledge of the student's disability-related needs. We encourage providers filling out this form to work directly with the student to determine what specific accommodations the student needs to achieve equitable access in the university environment. When relevant, providers are encouraged to attach reports, letters, or other documents to this form.

Documentation is just one part of assessing what accommodations are necessary and effective for a student. Documentation alone does not determine whether accommodations are approved or the specifics of those accommodations. Students must complete an online DSS application, participate in an intake meeting with a staff member, and submit their documentation. DSS values and considers a student's self-report of how their disability impacts them in the classroom and beyond and, when applicable, what accommodations have worked to help address barriers in the past. Accommodations are approved on an individualized, case-by-case basis.

DSS may, in limited circumstances, follow up with the provider to clarify questions or to request more information. We may also consult with campus medical or mental health professionals to obtain additional insight on effective accommodation options. DSS cannot accept documentation from immediate family members of the student.

In discussing effective accommodation options with the student, please note that in most instances, modifications to attendance policies and assignment deadlines are limited and generally only approved when a student is likely to experience acute flare-ups of a chronic medical condition. Please note that the university cannot approve accommodation recommendations that fundamentally alter a course or program.

Student name _____

Loyola ID # _____

1. Disability diagnosis

a. Please list all diagnoses related to the student's need for accommodation.

b. Approximate date condition was first diagnosed _____

c. How long have you been treating or working with this student? _____

d. Date of your last clinical contact with student: _____/_____/_____

2. Evaluation

a. Evaluation methods used to arrive at a diagnosis

b. Current impact of symptoms of the disability in the context of student's activities of daily living:

- Mild
- Moderate
- Severe

c. Is the student's disability permanent or expected to change over time? If expected to change, please provide your best estimate on how the impact of the disability may change in the next four years.

d. If the nature of the student's condition is episodic, what is the typical frequency and duration of the episodes?

e. Is treatment ongoing? Y N If yes, please describe:

o Medication management: _____

o Individual Therapy: _____

o Physical/Occupational Therapy: _____

o Other: _____

3. Functional Limitations

Does the student's disability substantially limit one or more life activities? Y N

If yes, please describe:

4. Coexisting Conditions

Please list any coexisting conditions that may be relevant to the need for accommodation. Please provide dates of diagnosis and the name of the evaluator.

5. Past Accommodations

Has the student required accommodations in prior educational or work experiences? Y N

If yes, please describe:

6. Suggested Accommodations

Please indicate the accommodations you believe the student requires to address a disability-related barrier. Please provide a **clear, detailed explanation as to why each recommended accommodation is required** to ensure equal access for the student.

7. Additional Relevant Information

Please provide any additional information you believe is useful in understanding the student’s disability or the need for accommodations.

Provider Information

Signature: _____ Date: _____

Print Name and Title: _____

State of License & License Number: _____

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Email: _____