



CHOWAN UNIVERSITY

DOCUMENTATION VERIFICATION FOR PHYSICAL DISABILITY

The Learning Center at Chowan University provides academic accommodations to students with disabilities that reflect a **current substantial limitation to a major life activity** as it relates to higher education. To ensure the provision of reasonable and appropriate accommodations for our students, this office requires current and comprehensive documentation of the disorder from a current treatment/assessment professional who is legally qualified to make the diagnosis.

Name of Student: _____ **DOB:** _____

Social Security Number: _____

1. DSM IV/ICD 9 Diagnosis: _____

Date of Diagnosis: _____ Last Contact with Student: _____

2. Please describe **symptoms** that meet the criteria for this diagnosis and report evaluation and assessment results.

A. Severity _____

B. Duration _____

C. Expected long-term impact _____

3. What instruments, tests/assessments, diagnostic procedures were used to diagnose the medical condition? Please attach relevant test results (i.e. audiogram, functional capacity evaluations, diagnostic test results, etc.).

4. Describe prognosis (short/long term) for this condition.

5. Please list his/her current prescribed medications(s), dosage, frequency and possible adverse side effects **as they relate to academic performance**.

6. Please describe how this disorder exhibits itself as a **current substantial limitation to a major life activity** in a University academic environment.

7. Please list any recommendations you would have for academic accommodations that would help this student succeed in the University environment. Please state the rationale for each recommendation. These recommendations will be used to help determine the appropriate accommodations that will be made available to this student.

8. Please describe any relevant information you may have, that has not been addressed, regarding this student's potential for success at Chowan University.

Signature: _____ Date: _____

Print name and title: _____

Address: _____ Phone: _____

The information that you provide is maintained in The Learning Center according to the guidelines of the Family Educational Rights and Privacy Act (FERPA).

Please return this form to:

Chowan University
The Learning Center
One University Place
Murfreesboro, NC 27855

Phone: (252) 398-6356
Fax: (252) 398-6523