



Verification for Academic or Housing Accommodations

Taylor University Academic Enrichment Center · Zondervan Library

1846 Main Street, Upland, IN 46989

Phone: 765.998.5524 · Fax: 765.998.4604

Return form by Fax or Email:

Coordinator of Accessibility and Disability Resources · Dr. Scott Barrett · Scott_Barrett@Taylor.edu

Taylor University provides support services for students with diagnosed disabilities. The University utilizes an interactive, case-by-case approach when determining eligibility for services and reasonable accommodations. Students requesting accommodations from the University may be required to provide documentation regarding their specific disability. This documentation should demonstrate a disability covered under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 (and the ADA As Amended in 2008). The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities.

When filling out this form, please keep these things in mind:

1. It should be completed by a licensed and/or properly credentialed professional (e.g. medical doctor, psychiatrist, psychologist, counselor, speech-language pathologist). Taylor University does not accept documentation completed by diagnosing /treating professionals related to the student requesting accommodations. The Taylor University Counseling Center is not able to complete this form.
2. All parts of the disability verification form should be completed as thoroughly as possible. Where appropriate, summary and data from specific test results should be attached. If a comprehensive diagnostic report is available that provides the requested information it can be submitted in addition to the disability verification form.
3. A learning disability assessment should include (a) a measure of cognitive aptitude and (b) a measure of achievement in reading, math and/or written language. Documentation should be based on age norms and reported as standard scores and percentiles.
4. Additional documents may be submitted as well. These could include a current or recent IEP or 504 plan. Additional information on documentation can be found in the Handbook for Students with Disabilities (<https://www.taylor.edu/docs/offices/academic-enrichment-center/handbook-for-students-with-disabilities-2020.pdf>). Documentation forms for Emotional Support Animals are unique and available upon request from the Academic Enrichment Center.
5. Individuals seeking housing accommodation requests should review the Housing Accommodation Policy prior to submitting this document. Housing Accommodation Requests must be submitted each year by the appropriate deadline as laid out in the Housing Accommodation Policy.

If you have any questions, please contact the Coordinator of Accessibility and Disability Resources at Taylor University.

Dr. Scott Barrett, 1846 Main Street, Upland, IN 46989

Scott_Barrett@taylor.edu; 765.998.5523, Fax: 765.998.4604

STUDENT INFORMATION

(to be completed by student)

First Name: _____ Last Name: _____

Phone: (_____) _____ - _____ Taylor University Email: _____

ID# Number 00 _____ Additional Email (if relevant): _____

I authorize the following individual or organization to release the information included in this document to the Academic Enrichment Center at Taylor University: (Provide Qualified Professional's information)

Name/Title: _____ Phone: (_____) _____ - _____

Address: _____

City: _____ State: _____ Zip: _____

For the purpose of establishing eligibility for accommodations and services, I give the mental health or health care professional permission to release my medical information to the Academic Enrichment Center at Taylor University.

Student Signature: _____ Date: _____

DIAGNOSTIC INFORMATION

(to be completed by medical practitioner/specialist)

1. Please specify the specific diagnosis(es)/disability. For psychological disabilities, please indicate both the name of the diagnosis, and the diagnostic taxonomy that was used.

Diagnostic taxonomy used: DSM 5 # _____ or ICD # _____

If applicable, please rate the level of severity of the student's diagnosis?

Mild _____ Moderate _____ Severe _____

Duration of Condition: Permanent _____ Temporary(Specify length of time) _____

Date of Diagnosis: _____ Date of last contact with the student: _____

2. How did you arrive at your diagnosis? Please check all relevant items below. If applicable, please attach the diagnostic reports and/or test results administered to determine diagnosis.

Behavioral Observations/Development History Medical History
 Rating Scales (e.g., CAARS, Brown ADD Scales for Adults)
 Neuro-Psychological Testing, Date(s) of Testing _____
 Psycho-Educational Testing, Date(s) of Testing _____
 Structured/unstructured student interviews
 Other (please specify) _____

3. Please indicate the level of impact the student’s disability may have in limiting the following major life activities: **(Please explain in question 4)**

| Life Activity | No Impact | Neglible Impact | Moderate Impact | Substantial Impact | N/A |
|-----------------------------|-----------|-----------------|-----------------|--------------------|-----|
| Communicating | | | | | |
| Concentrating | | | | | |
| Hearing | | | | | |
| Interacting with others | | | | | |
| Breathing | | | | | |
| Learning | | | | | |
| Making/Keeping Appointments | | | | | |
| Managing Distractions | | | | | |
| Managing Stress | | | | | |
| Meeting Deadlines | | | | | |
| Memorizing | | | | | |
| Performing Manual Tasks | | | | | |
| Reading | | | | | |
| Seeing | | | | | |
| Thinking | | | | | |
| Writing | | | | | |
| Other: | | | | | |

4. For the major life activities checked on the opposite page, please provide an explanation of the functional impact of the limitation in an academic or housing setting (attach additional pages if necessary).

5. If applicable, please describe the relevant history of remediation (e.g. current medications, side effects of medications, other treatment plans and their effectiveness).

6. Please list any recommendations for accommodations you have for this student in an academic or housing setting, if applicable. Recommendations should be specific when possible (Please note, recommendations will be considered through an interactive process; however, final decisions will be determined by the University.)

7. Please list the impact on the student if the above accommodations (#6) are not implemented.

Healthcare Provider Information

I attest to the accuracy of the information contained in this document. Additionally, I understand that the information provided in this document will become a part of the student's record subject to the Family Educational Rights and Privacy Act (FERPA) of 1974, and may be released to the student upon request.

Provider Name (PRINT): _____

Provider Signature: _____ Date: _____

Title: _____

License or Certification # _____ National Provider Identifier (NPI): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____