



Name (Print):

Date:

Date of Birth:

RVU Student ID:

Campus:

*The above named student has requested accommodations at Rocky Vista University. Disability Services is attempting to determine whether this student has a condition(s) that impacts a major life activity, and whether the condition causes limitations for which the student needs reasonable accommodation(s) in an academic setting.*

Disability Services at Rocky Vista University University provides academic services and accommodations 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 and Title II of the Americans with Disabilities Act (ADA) of 1990, as amended (2008). The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities.

- **Documentation must be completed by a licensed qualified professional, such as a treating or diagnosing health or mental health professional. Documentation filled out by the student and signed by the provider may delay the process and require additional follow up with the provider .**
  - **Documentation provided by a family member is NOT accepted.**
- **All documentation will be evaluated on a case-by-case basis and used as one of several components in determining a student's eligibility for accommodations.**
- **In order to best inform an understanding of the need for reasonable accommodations, this form should include current information regarding the diagnosis and its impact on the student's access to the educational activities and programs at RVU.**
- **The healthcare provider should attach any reports which provide additional related information (e.g. psychoeducational assessments, neuropsychological test results, Individualized Education Programs [IEPs], etc.). If a comprehensive diagnostic report is available that provides the requested information, copies of that report can be submitted for documentation in lieu of this form. In addition to the requested information, please attach any other information you think would be relevant to the student's academic access.**
- **If you have questions regarding this form, please call Disability Services at (435) 222-1274 or email [ADAaccommodations@rvu.edu](mailto:ADAaccommodations@rvu.edu). Thank you for your assistance.**

**DISABILITY VERIFICATION FORM**

**TO BE COMPLETED BY THE PROVIDER**

**1. Please state the diagnosis(es) that impacts the student's physical and/or cognitive function.** *You must state the specific diagnosis; terms such as "suggest" or "is indicative of" are not acceptable.*

**2. Date of diagnosis:**

**Date first seen:**

**Date of most recent visit:**

**3. How long has the student experienced this and what is the EXPECTED duration of impact?**

**4. What is the evidence supporting the diagnosis(es) that are treating, or have previously treated?**

*Please provide copies of any test results supporting the diagnosis(es) (i.e. audiogram/vision report, psychoeducational evaluation, etc.) or other information used to reach the diagnosis.*

**5. If the student is taking medication, what side effect(s), if any, are impacting or may impact the student's education?**

6. a. What specific physical and/or cognitive functional impact is the student experiencing in an academic environment? Please be as specific as possible.

b. What is the severity of the impact: MILD MODERATE SEVERE

7. Based on the student's diagnosis and its impact, what major life activities are affected by this student's diagnosis? Please be as specific and detailed as possible.

8. Based on the information you provided, what accommodations would you recommend for this student to ensure they have equal access to their coursework and/or clinical education?

9. Is there any other information you would like to add that might be helpful for us in determining reasonable and appropriate accommodations for this student in a medical education setting?

*Please attach any information (evaluations, test results, etc.) relevant to the student's current request.*

**Provider Information:**

Print name:

Date:

Signature:

License:

Phone #:

Area of Specialization: