



DISABILITY VERIFICATION
Physical/Orthopedic & Mobility Disabilities

Please read the following prior to completing this form:

Student Accessibility Services at Kent State University provides support services to students with diagnosed disabilities, including physical and orthopedic conditions. To ensure the provision of reasonable and appropriate accommodations for our students, this office requires **comprehensive, and depending on the specific disability, current documentation of the disorder from their diagnosing/current licensed physician or a certified nurse practitioner.** This should include information that describes the onset of the disability, its manifestation, and recommendations for accommodation in the collegiate academic setting.

**NOTE: Student Accessibility Services (SAS) reserves the right to make appropriate modifications to the above time frame required for current documentation when necessary.*

For additional information about SAS please email: cjone154@kent.edu

Please provide the following information about (student name): _____

1. Diagnosis: _____

 Date of Diagnosis: _____ Last contact with student: _____

 Is the student/patient currently under your care? ____ YES ____ NO

2. Describe the **functional limitations** associated with this disability: _____

3. Describe the **progression of the student/patient's condition**, if applicable: _____

4. Describe how this condition **substantially limits a major life activity** and **how it may impact the student's progress** in an academic setting: _____

5. List **current medication, dosage, frequency and possible adverse side effects** as related to academic performance: _____

6. List **other treatment(s)** the student is receiving to manage his/her disability: _____

7. List any **recommendations for accommodations** you have for this student in an academic setting:

8. Please describe any specific concerns you may have, or other ways that we may be of further assistance to this student/patient: _____

Healthcare Provider Information

Provider Name and Title: _____

Provider Signature: _____ Date: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone: () _____

The information you provide in this document is maintained in the office of Student Accessibility Services at Kent State University according to the guidelines of the Family Educational Rights and Privacy Act (FERPA).

Please mail or fax this completed form to:

Student Accessibility Services Kent State University, Ashtabula Library Ashtabula, OH 44004-0001
phone: (440) 964-4232 **fax:** (440) 964-4573 **e-mail:** cjone154@kent.edu