KENT STATE UNIVERSITY

Student Accessibility Services (SAS) - Disability Verification Form

Student Accessibility Services (SAS) provides support services for students with diagnosed disabilities. SAS utilizes an interactive, case-by-case approach when determining eligibility for services and reasonable accommodations. Students requesting accommodations from SAS 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.

Appropriate documentation should include, but is not limited to, the following:

1. **Completed by a licensed professional and/or properly credentialed professional** (e.g. medical doctor, psychiatrist, psychologist, counselor, speech-language pathologist, etc.). SAS does not accept documentation completed by diagnosing /treating professionals related to the student requesting accommodations.
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 lieu of the disability verification form.
3. **A learning disability assessment should include (a) a measure of cognitive aptitude (preferably normed for adults) and (b) a measure of achievement in reading, math and/or written language.** Data should be based on age norms and reported as standard scores and percentiles.
4. **The information provided on the disability verification form is maintained by SAS according to the guidelines of the Family Education Rights and Privacy Act (FERPA) of 1974**. This information may be released to the student upon their written request.

Please note, an Individual Education Plan (IEP), a 504 Plan, or a Summary of Performance, while helpful in establishing a record of supported accommodations, may not be enough in and of themselves to establish the presence of a disability at the postsecondary level.

Please contact Student Accessibility Services at (330) 337-4214 with questions. Thank you for your assistance.

Student Accessibility Services · 2491 State Route 45 Salem, Ohio 44460
Phone: 330-337-4214
Email: dbaker13@kent.edu

STUDENT INFORMATION
(to be completed by student)

First Name: _____ Last Name: _____

Status (Check one) ☐ Current Student ☐ Transfer Student ☐ Prospective Student

Phone: (_____) _____ - _____ Email: _____

I authorize the following individual or organization to release the information included in this document to Student Accessibility Services at Kent State University:

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

Address: _____ City: _____ State: _____ Zip: _____

Student Signature: _____ Date: _____

DIAGNOSTIC INFORMATION
(to be completed by medical practitioner/specialist)

1. Please specify the specific diagnosis(es)/disability:

_____

For applicable disabilities, please provide the DSM-IV TR diagnosis:

Axis I: _____
Axis II: _____
Axis III: _____
Axis IV: _____

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 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
☐ Other (please specify): _____
☐ Neuro-Psychological Testing, Date(s) of Testing _____
☐ Psycho-Educational Testing, Date(s) of Testing _____
☐ Structured/unstructured interviews with Person

3. Please indicate the level of impact the student's disability may have in limiting the following major life activities:

Life Activity	Negligible Impact	Moderate Impact	Substantial Impact	Not sure
Attending class regularly				
Caring for oneself				
Communicating				
Concentrating				
Hearing				
Interacting with others				
Interacting socially				
Learning				
Making/keeping appointments				
Managing distractions				
Managing stress				
Meeting deadlines				
Memorizing				
Organization				
Performing manual tasks				
Reading				
Seeing				
Sleeping				
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 setting.

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 setting, if applicable. (Please note, recommendations will be considered in the interactive process, however final decisions will be determined by SAS staff.)

7. Please provide any additional information that you think would be useful to know in working with this student.

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 written request.

Provider Name (PRINT): _____

Provider Signature: _____ Date: _____

Title: _____ License or Certification #_____

Address: _____

City: _____ State: _____ Zip: _____

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

Please mail, fax or email this completed form to:

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