

Verification Form

Students requesting support services under laws pertaining to non-discrimination for individuals with disabilities such as the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act of 1973 are required to submit documentation to verify their eligibility for services and accommodations. This documentation must indicate evidence that the disability limits a major life activity such as learning. The provision of “all reasonable accommodations” is based on the current impact of the disability on academic performance. Thorough documentation is needed to help determine the reasonable and appropriate accommodations that the student is qualified to receive. Therefore, it is in the student’s best interest to provide recent and appropriate documentation.

Benedictine University strives to ensure that qualified students with disabilities are accommodated and, if possible, to see that these accommodations do not jeopardize successful therapeutic interventions. It should be noted that academic accommodations are intended to ensure access to educational opportunities for a student with disabilities. The mandate to provide reasonable accommodations does not extend to adjustments that would “fundamentally alter” the nature of the course, course components, or course requirements.

The student named below is requesting an accommodation due to a disability. So as to ensure that this accommodation request be considered, Benedictine University requires that a qualified professional who has first-hand knowledge of the student’s condition and is an impartial individual not related to the student complete the following form.

Student Information (to be completed by the student)

Last Name _____ First _____ M.I. _____

Address _____

City _____ State _____ Zip _____

Date of Birth _____ Phone _____

Student’s signature below represents consent for therapist/doctor to release confidential information in order to complete this form:

Student’s signature _____

Physician Information (This section is to be completed by a qualified professional.)

Date of completing form _____

Name of certifying professional _____

Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

Professional Title _____

License/ Certification number and Issuing State _____

Date of last contact with student _____

Multi Axial DSM-IV Diagnosis

Diagnosis	Comments
Axis I _____	_____
Axis II _____	_____
Axis III _____	_____
Axis IV _____	_____
Axis V _____	_____

Date of diagnosis _____

Basis on which diagnosis was made _____

If formal psychological assessment was used, please discuss the results

Is this a current or ongoing condition?

If the diagnosis includes a phobic response to exams, does this problem limit the student's demonstration of their knowledge of the class material on a non-accommodated exam?

_____ Yes _____ No

Explanation _____

Medications

Current medication including dosage _____

Current compliance with medication plan _____

Therapeutic Interventions

Planned therapeutic interventions _____

If the person is not in therapy at this time, would you recommend it? _____ Yes _____ No

Does this person currently pose a threat to him/herself or others? If so, please specify.

Impact of Condition on Educational Success

Please identify the specific academic abilities or function that are compromised by the disorder or the medication prescribed for the disorder. Indicate the severity of these limitations by rating them from 1 (not severe) to 5 (extremely severe).

Please specify the impact of the disorder and prescribed medications upon exams and other classroom activities:

Suggested Accommodations

NOTE: Final determination of appropriate accommodations will be determined by the Accommodations Team of Benedictine University in accordance with the mandates of the Rehabilitation Act of 1973 and the Americans with Disabilities Act as well as court rulings and Department of Education Office of Civil Rights rulings related to these two laws. Each recommended accommodation must be accompanied by an explanation of its relevance to the diagnosed disability.

Extended time to complete exams _____ Yes _____ No

Why? _____

Quiet room in which to take exams _____ Yes _____ No

Why? _____

Other accommodations (Please specify.) _____ Yes _____ No

Why? _____

Thank you for your assistance in completing this form.

If you have any questions regarding the nature of this information needed for students, please call Jennifer Golminas at 630-829-6512. This form should be returned to Jennifer Golminas in the Student Success Center, Krasa Center 015, Benedictine University, 5700 College Road, Lisle, IL 60532.

This document may not be released without written permission for the student or by order of a court. It will be destroyed six years after the student is no longer enrolled. The student will have access to this document but you may specify that this access be given only when a person qualified to explain the document is available.