VERIFICATION OF DISABILITY

The Office for Disability Services at the University of Cincinnati provides services to students with diagnosed disabilities. To determine eligibility for services and appropriate accommodations, this office requires current and comprehensive documentation of this disability from the diagnosing physician, psychologist or other appropriate professional.

Please answer the following questions pertaining to: ________________________________

DOB: _________________________  Today's Date: ______________________________

1. Please provide the diagnosis, date of diagnosis, last contact with the student, and expected duration of the disability.

2. Describe the symptoms that meet the criteria for this diagnosis.

3. How does this disability impact the student in an educational setting (functional limitations)?

4. Please list current medication(s) including dosage, frequency, and adverse side effects and any other prescribed treatment plan(s) for this student’s condition.

5. Is there any indication that this student may have an additional diagnosis, i.e., ADHD, learning disabilities, etc? If there is, please describe and attach pertinent information?

6. What recommendation do you have regarding accommodations, i.e., extra time for exams, distraction reduced exam space, etc., and your rationale for these accommodations?
Diagnostic/Healthcare Professional Contact Information

Name (please print): ____________________________________________________________

Title / Specialization Area: ___________________________________________________

Street Address: ______________________________________________________________

City/State/Zip: _________________________________________________________________

Telephone: ___________________________ Fax: _________________________________

Signature: ___________________________________________________________________

Date: _______________________________________________________________________

Thank you for your assistance! If you need any additional information in order to complete this form please contact John Kraimer or Mary Lou Ellison at (513) 792-8625. Completed forms may be mailed or faxed to:

University of Cincinnati - Raymond Walters College
Disability Services Office
9555 Plainfield Road
Cincinnati, OH 45236

Fax Number: (513) 792-8624

Note: All disability information is kept confidential in a secure location.