

Idaho State UNIVERSITY

Disability Services

Rendezvous Building, Room 125
921 S. 8th Avenue, Pocatello, ID 83209-8121

VERIFICATION FORM FOR STUDENTS WITH DISABILITIES

Student/Patient:

Date of Birth:

Date of last clinical contact with student:

DSM-5 or ICD-10 Diagnosis

Diagnosis	Level of Severity (mild to severe)	Age of Onset	Prognosis
1.			
2.			
3.			
4.			
5.			

Functional Limitations

Functional limitations should be determined without consideration of mitigating measures, such as medication. If condition is episodic in nature, level of functioning should be assessed based on active phase of symptoms. Does this condition **significantly limit one or more of the following major life activities?** Check all that apply and **check level of impact** (moderate or severe):

- | | | |
|---|--|---|
| <input type="checkbox"/> Communicating (<input type="checkbox"/> moderate or <input type="checkbox"/> severe) | <input type="checkbox"/> Learning (<input type="checkbox"/> moderate or <input type="checkbox"/> severe) | <input type="checkbox"/> Hearing (<input type="checkbox"/> moderate <input type="checkbox"/> severe) |
| <input type="checkbox"/> Concentrating (<input type="checkbox"/> moderate or <input type="checkbox"/> severe) | <input type="checkbox"/> Working (<input type="checkbox"/> moderate or <input type="checkbox"/> severe) | <input type="checkbox"/> Reading (<input type="checkbox"/> moderate <input type="checkbox"/> severe) |
| <input type="checkbox"/> Manual Tasks (<input type="checkbox"/> moderate or <input type="checkbox"/> severe) | <input type="checkbox"/> Seeing (<input type="checkbox"/> moderate or <input type="checkbox"/> severe) | <input type="checkbox"/> Thinking (<input type="checkbox"/> moderate <input type="checkbox"/> severe) |
| <input type="checkbox"/> Walking (<input type="checkbox"/> moderate or <input type="checkbox"/> severe) | <input type="checkbox"/> Other: (<input type="checkbox"/> moderate or <input type="checkbox"/> severe) | |

Behavioral Manifestations

Check all that apply and check degree of issue (moderate or substantial)

- | | |
|---|--|
| <input type="checkbox"/> Cognitive Processing (<input type="checkbox"/> moderate or <input type="checkbox"/> substantial) | <input type="checkbox"/> Memory (<input type="checkbox"/> moderate or <input type="checkbox"/> substantial) |
| <input type="checkbox"/> Processing Speed (<input type="checkbox"/> moderate or <input type="checkbox"/> substantial) | <input type="checkbox"/> Meeting Deadlines (<input type="checkbox"/> moderate or <input type="checkbox"/> substantial) |
| <input type="checkbox"/> Attending Class (<input type="checkbox"/> moderate or <input type="checkbox"/> substantial) | <input type="checkbox"/> Organization (<input type="checkbox"/> moderate or <input type="checkbox"/> substantial) |
| <input type="checkbox"/> Reasoning (<input type="checkbox"/> moderate or <input type="checkbox"/> substantial) | <input type="checkbox"/> Stress (<input type="checkbox"/> moderate or <input type="checkbox"/> substantial) |
| <input type="checkbox"/> Sleep (<input type="checkbox"/> moderate or <input type="checkbox"/> substantial) | <input type="checkbox"/> Appetite (<input type="checkbox"/> moderate or <input type="checkbox"/> substantial) |
| <input type="checkbox"/> Other (<input type="checkbox"/> moderate or <input type="checkbox"/> substantial) | |

Recommended Academic Accommodations

Based on your **diagnoses for this student, their functional limitations, behavioral observations, interviews, and testing**, check all of the following that you would recommend we consider as academic accommodations:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Reduced Course Load | <input type="checkbox"/> Note-taking Services | <input type="checkbox"/> Recording Lectures | <input type="checkbox"/> Extra Time on Tests |
| <input type="checkbox"/> Service Animals | <input type="checkbox"/> Large Print | <input type="checkbox"/> Assistive Technology | <input type="checkbox"/> Private Testing Room |
| <input type="checkbox"/> Large Print | <input type="checkbox"/> Transcription | <input type="checkbox"/> Accessible Housing | <input type="checkbox"/> Copy of Professor Notes |
| <input type="checkbox"/> Reader for Exams | <input type="checkbox"/> Preferential Seating | <input type="checkbox"/> Assistive Listening Device | <input type="checkbox"/> Reduced Distraction Testing Room |
| <input type="checkbox"/> Flexibility with Attendance/Assignments: Explain_ | | | <input type="checkbox"/> Other: |

Provider Details/Signature

Provider Name:

Title:

Date:

Signature:

Phone:

Fax: