CHICAGO STATE UNIVERSITY

Abilities Office of Student Services
9501 South King Drive CRSU #190
Chicago, Illinois 60628-1598

Verification of Disability

In order to establish that a student is an "otherwise qualified student with a disability," the Abilities Office of Disabled Student Services (AO) of Chicago State University, in accordance with the Americans with Disabilities Act of 1990 (ADA) and Section 504 of the Rehabilitation Act of 1973 (504), is requesting documentation of a disability. This student has requested services related to his/her disability from AO and has stated that you are an appropriate individual to provide this disability documentation.

Directions: This form is to be completed by a **licensed professional or certified diagnostician.** Please complete this form in order to document that this student does indeed have a disability that substantially limits learning and/or some other major life activity. Please thoroughly answer all questions in as much detail as possible, as this will provide the Abilities Office with information that is needed to advocate for this student. **You may type your response directly into this document.** If you need additional space, please feel free to write or type on a narrative note or separate sheet of paper.
Thank you for your assistance.

1. **Student's First & Last Name:** _____

2. **What is the diagnosis/impairment?** (Include DSM classifications, if appropriate.)

   Dx:_____

   Diagnostic code(s):_____

   a. **Date:** When was the diagnosis made?_____

   b. **Contact:** Date of last contact with this student?_____

   c. **Appointment:** Date of next appointment or timeframe for next contact with student? _____

3. **Tests**: What tests or criteria, if any, were relied upon in reaching the diagnosis identified in question 2?

4. **Prognosis:** *(Include the severity of the diagnosis and your evidence that the student's disability will cause a substantial limitation to learning and/or other major life activities)*

   a. Is the impairment/condition permanent? _____**YES** _____**NO**

   b. If not, what is the prognosis? _____

5. **Symptoms:** Describe the symptoms associated with this medical condition.

6. **Functional Limitations**:

   a. Describe how this medical condition may affect this student both academically and/or physically? Please indicate strengths and weaknesses.

   b. Does the impairment affect major life activity? _____**YES** _____**NO**

   c. If yes, what major life activity/activities is/are affected?

_____ Caring for self	____ Walking	_____ Hearing	____ Lifting
_____ Interaction with others	____ Standing	_____ Seeing	____ Sleeping
_____ Performing Manual Tasks	____ Reaching	_____ Speaking	____ Concentrating
_____ Breathing	____ Thinking	_____ Learning	____ Working
_____ Toileting	____ Sitting	_____ Reproduction	____ Other:

7. **Medications:** Please list current medications and identify any adverse side effects to medication which may impede this patient's ability to function academically.

8. **Recommendations:** Please recommend accommodation(s) which may assist the student in performing academic requirements.

9. **History:** Please provide any chronological information which may be relevant to this student's disability.

10. **Comments:** Any additional information that can assist in providing appropriate services for this student.

_____ _____

Provider's Signature Date

Print Provider's Name_____ Title/License#: _____

Provider's Address: _____

Provider's Phone: _____ Fax: _____

After completing this form, please return it to the Abilities Office at the above address or fax it to 773-995-3563. Please contact Nicole Mathews, Assistant Director of Abilities at 773-995-2380 if you have questions about this form.

Student Release of Medical Information

I authorize my physician or professional clinician to release information pertaining to my diagnosis to the Abilities Office of Student Services at Chicago State University, for the purpose of supporting my request for accommodations due to my disability.

Student Signature Date

Witness Date