



Center for Disability Resources Student Verification of Disability Form

This form is to provide disability information and verification for the above-referenced student for the purpose of eligibility for and determination of reasonable accommodations. This form must be completed by a licensed healthcare or mental health professional that has considerable knowledge of the student's condition and has evaluated for functional/substantial impairment associated with a disability. It is generally not appropriate for professionals to treat family members; as such, documentation generated from those related to the student will be considered as supplemental information.

- The form should include the provider's professional evaluation, interpretation, and opinion of the student's diagnosis/es and disability.
- The provider should refrain from restating the student's self-report (e.g. "student reports," "student endorses"); Disability Resources requires objective diagnostic impressions.
- Note: Generally, single encounters meant solely for the purpose of obtaining a diagnosis is not, by itself, sufficient to reliably establish that an individual has a non-observable disability or disability-related need for accommodations. Additional information may be requested by Disability Resources.
- **For Hamre Center for Health and Wellness:** Given the unique relationship of Macalester College providers and Disability Resources, Hamre Center for Health and Wellness professionals should focus specifically on the assessed barriers without inclusion of accommodation recommendations.

Providers may attach additional supportive documentation, evaluations, or letter to supplement this form. Starred (*) questions are required. Disability Resources may request additional information/documentation if this form is incomplete or does not provide the necessary information needed to make a determination.

Providers with questions regarding this form may contact the Center for Disability Resources for assistance.

Center for Disability Resources

Macalester College

1600 Grand Avenue

St. Paul, MN 55105

Email: disabilityresources@macalester.edu

Main Phone: 651-696-6748



Student Verification of Disability Form

Student Name: _____ **Student ID:** _____

Date of Birth: _____

***Date of initial contact:** _____ ***Date of initial diagnosis:** _____

***Date of most recent formal contact:** _____

***What is the nature of care being provided:** _____

***Diagnosis/es:**

***Diagnostic procedures
and/or assessments:**

***Relevant history:**

***Current symptoms with level of severity
(mild, moderate, severe):**

Anticipated length of impact: Short-Term (6 months or less) _____ Long-Term _____

Provide information regarding medications being prescribed for the above noted diagnoses, and any side-effects which may create further concerns, including medication adjustment.:



***Identify the functional limitations (major life activity/ies substantially restricted) indicated by the evaluation (e.g. breathing, walking, talking, hearing, seeing, sleeping, caring for one's self, performing manual tasks, learning - this list is not exhaustive):**

***How do the identified functional limitations/disability impact the student's ability in the college setting (e.g. "student is substantially limited in the major life activity of learning because of the additional time or effort they must spend to read, write, or learn compared to most people in the general population."):**

Additional Info:

Provider Name: _____

Lic./Cert.No. & IssuingState: _____

Address: _____

Email: _____

City, State: _____

Phone No.: _____

Signature: _____

Date: _____

____ Check here if additional pages or documentation is included (e.g., psychoeducation reports, neuropsychological exam, test results, etc.):