



STUDENT DISABILITY VERIFICATION FORM

Student Name: _____

PNWU Student ID: _____ DOB: _____

I am requesting disability support services through the Disability Services at PNWU. The department requires current and comprehensive documentation of my disability/medical condition as one of the criteria used to evaluate my eligibility for disability related accommodations and services. Please respond to the following questions as soon as possible. Once complete, you can return the document to me directly or submit it to PNWU via email or fax. I authorize the Disability Services Office to contact you if clarification is required.

Student Signature: _____ Date: _____

Health Care Provider Name (Print): _____

Title: _____

Phone: _____ EXT: _____ Fax: _____

Organization: _____

Mail Address: _____

Note to Providers:

The information that you provide will NOT become part of the student's educational records, but it will be kept in the student's file at the Disability Services Office, where it will be held strictly confidential.

Student Name: _____

The following information must be completed by the health care professional listed on the previous page. **(If this is for a student who is deaf or hard of hearing, please only complete the bottom portion)**

1. Diagnoses:

2. Date of Diagnosis: _____

3. Status of Condition(s): Circle Response (Current)
Active Progressing Controlled In Remission Other (explain below)

4. Current level of severity (select one):
Mild Moderate Severe

5. How long is(are) this condition(s) likely to persist? Be as specific as possible.
(e.g., Lifetime, 1 Academic Year, During of Academic Program Enrollment, etc.)

6. Please list procedures/assessments used to diagnose this student's condition.

7. What are the functional limitations or symptoms of this condition(s)?

8. What exacerbates this student's specific disability(ies)? Please be as specific and detailed as possible.

9. How does the condition (and/or current treatment, including medications) impact the student's ability to learn or meet the demands of the university setting, lab, or field requirements, and/or ability to live in university housing?

10. Identify any accommodations you believe may be necessary for the student to participate in university programs, activities, and services.

Student Name: _____

For students who are Deaf or Hard of Hearing (DHH)

1. What is the degree of the hearing loss? Please circle one. **Please include a copy of the most recent audiogram.**

Mild Moderate Severe Profound

2. Is the hearing loss expected to remain stable or is it expected to decline? If it is expected to decline, describe the expected progression of the hearing loss.

3. Describe how this hearing disability may affect this student both academically and/or physically (functional limitations).

4. What means of communication has this student used in the past? Please describe the student's skill in the use of their communication skills.

5. What recommendations do you have for accommodations and/or auxiliary aids, (e.g. phonic ear, note-taker, real time captioning, sign language interpreting, etc.) in an academic setting? Please state your rationale for the accommodations and/or auxiliary aids you have recommended.

6. Are there any other associated disabilities? Please describe.

This information is current and accurate to the best of my knowledge based on my recent evaluation of this patient or my review of records of a recent evaluation by a qualified healthcare provider.

Signature of Treatment Provider: _____

Printed Name: _____

License #: _____ Date: _____

Please attach any additional reports or relevant information (neuropsychological evaluations, etc.). All information on this form will remain confidential in accordance with the Family Educational Rights and Privacy Act (FERPA). Thank you for your assistance. You may fax or email your report to the Disability Services Office at 509-249-7844 or ods@pnwu.edu. Please call 509-249-7844 if you require additional information.