University of Virginia | Student Disability Access Center

VERIFICATION OF DISABILITY

To Be Completed by Treatment Provider

Under the Americans with Disabilities Act (ADA), as amended, qualified individuals with disabilities may be entitled to reasonable accommodations (which includes academic adjustments and auxiliary aids and services) necessary to ensure equal access to the University's programs and activities. To determine eligibility and to provide reasonable accommodations and services, the Student Disability Access Center (SDAC) requires documentation of the student's disability. Documentation must indicate that a current mental or physical impairment exists and that the identified impairment substantially limits one or more major life activities.

This form serves as one option for providing disability documentation to SDAC; please review our Documentation Guidelines for more information.

Please take note of the following as you complete this form:

- **The person completing this form should be a credentialed provider who is either (1) qualified to assess and diagnose the student's condition, and/or (2) is a part of the student's treatment for a previously diagnosed condition.** These providers are generally trained, certified, or licensed to diagnose and/or treat medical and psychological conditions. Examples include: primary care provider, psychiatrist, therapist, specialist, medical doctor, advanced practice provider (APP), etc.
    - To avoid any conflict of interest, SDAC will not accept documentation provided by family members, close relatives, and/or people not serving in an official capacity with the student.
- **Please complete all parts of this form as specifically as possible.** Inadequate information, illegible handwriting, or missing fields may delay assessment of reasonable accommodations.
- **Provider may attach any other documents or information they think would be relevant in determining the student's academic accommodations.**
    - This could include any documents which provide related information (such as pertinent educational or medical records, neuropsychological/psychoeducational evaluation, etc.)
- **Documentation submitted to SDAC becomes part of a student's educational record and is protected by FERPA.** Please visit UVA's FERPA Website for more information.
- **Receipt of documentation and provision of reasonable accommodations cannot guarantee success** – rather, we focus on disability-related access to the University's programs. All students are responsible for meeting the University's academic standards.

Please include any available releases the student has signed authorizing communication between the SDAC and the clinician or treating provider who is submitting this verification and any supporting documentation. For questions, please contact us at sdac@virginia.edu or (434) 243-5180.

Student Name: ____ **Student DOB:** ____________________

Student Preferred Name: _____________________________________ **Today's Date:** ____________________

Student UVA Computer ID (if known): ___________________________

1. **Diagnosis/Description of condition**.

2. **What is your role** in working with this student? (i.e., therapist, PCP, specialist, etc.)

3. In addition to ICD-10 and/or DSM-5 criteria, **how did you (or the evaluating clinician) arrive at your diagnosis**? Please check all relevant items below, adding brief notes that you think might be helpful to us as we determine which accommodations and services are appropriate for the student.

- ☐ Structured or unstructured interview with student
- ☐ Interviews with other persons
- ☐ Behavioral observations
- ☐ Developmental history
- ☐ Educational history
- ☐ Medical history
- ☐ Neuro-psychological testing (date of testing) __
- ☐ Psycho-educational testing (date of testing) __
- ☐ Standardized or non-standardized rating scales
- ☐ Other (please specify):

4. Based on your subjective opinion, **how well do you know this student**?

○ (Not Well at all) 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 (Very Well)

5. **Symptoms/Manifestations of condition(s)**:

6. **Expected duration** of condition:

- ☐ Permanent/Chronic
- ☐ Long-term (6-12 months)
- ☐ Medium-term (3-6 months)
- ☐ Short-term (60-90 days)
- ☐ Temporary (60 days or less)

7. **Level of severity** (if applicable):

○ (Mild) 0 ○ 1 ○ 2 ○ 3 ○ 4 ○ 5 (Severe)

8. If the condition is **episodic or has flare ups,** please describe:

   a) **Frequency:**

   b) **Duration:**

   c) **Known Triggers:**

9. **Current treatment(s)/therap**y and prescribed medications and dosage:

10. Date of **initial visit** with this clinic/provider: ____

11. Date the **diagnosis was formally established**: _______________________________________

12. **Frequency and number of provider visits** in the past twelve months:

13. Date that the student was **last seen**: ____

14. A disability is described as a condition or impairment which substantially limits a major life activity. **Please list the major life activities limited by this condition.** (Note: if none, no accommodations would be needed at UVA.)

15. **Please list any accommodations you recommend and how it provides a direct link to their condition**. A list of common services and accommodations can be found on our website. Alternatively, some accommodations requested by students may be contraindicated to student treatment and well-being; if so, please specify those explicitly.

16. Optional: You may use the space below (and additional sheets as needed) to provide any other information that you believe will be helpful to University staff in considering the accommodations that you are recommending. This could include information about concurrent treatment providers, relevant life history, current circumstances that are atypical about their condition, etc.

I, the undersigned, certify that the information provided for the aforementioned student is true and correct to the best of my knowledge and belief:

____

Treating Provider Signature (*if in training, please include supervisor signature*)

Name (*please print*)

Title / Name of Agency

License Number

Phone Number

Address

____

Date