Date: __________________________

Dear: __________________________

As a student at Niagara University, you have requested accommodations because of a disability. Please have your health provider review this letter and complete the attached Disability Verification form in order to document your disability. This form outlines the specific information that we need to determine reasonable accommodations for you.

Please review the following information before completing the verification form:

1. For accommodation purposes, an individual with a disability under Section 504 of the Rehabilitation Act of 1973 or the Americans with Disabilities Act of 1990 (ADA), is a person who has a physical or mental impairment that substantially limits one or more major life activities. Major life activities include, but are not limited to walking, seeing, hearing, speaking, breathing, learning, working, caring for one's self and/or other similar activities.

2. The presence of a disorder/condition by itself does not necessarily qualify an individual for accommodations under Section 504 or the ADA. It is the substantial limitation(s) on one or more major life activities due to the disorder or condition that will be the determining factor(s) in eligibility for specific accommodations. The information you provide regarding the functional limitations this individual is likely to have in a college setting—both inside and outside of the classroom—due to his/her disability will be critical in helping us determine reasonable accommodation.

3. Please make explicit connections between your patient’s functional limitations and any recommended accommodations.

Please mail the completed verification form to Kelly Engert, Coordinator of Disability Services, Seton Hall, Niagara University, New York 14109 or fax to my attention at 716-286-8063.

If you have any questions or concerns, please contact me 716-286-8541 or kadams@niagara.edu. Your health provider’s input is essential to the determination of appropriate accommodations.

Sincerely,

Kelly Engert
Coordinator, Disability Services

Enclosure: Disability Verification Form
DISABILITY VERIFICATION
NIAGARA UNIVERSITY

Disability Services at Niagara University provides services and accommodations to persons with disabilities to ensure equal access to educational programs and activities. Current and comprehensive disability documentation from a qualified health provider (unrelated to the student) who is treating or has assessed the specific disability for which accommodations are being requested is required to assist with the determination and provision of appropriate and reasonable accommodations, auxiliary aids, and services. Additional documentation may be required.

This form MUST be completed by a physician or other health provider.

I STUDENT INFORMATION

Last Name: _________________________________________  First Name: ______________________________
Date of Birth: _________________________________________  Today’s Date: ______________________________
Address: _____________________________________________  Phone: ______________________________
City: _____________________________________________  State: ________________  Zip: ________________

II CERTIFYING PROVIDER INFORMATION

Name & Credentials: _____________________________________________
Address: ______________________________________________________________________________________
City: _____________________________________________  State: ________________ Zip: ________________
License number and state of licensor: ______________________________________________________________
Signature: _____________________________________________________________________________________

III DIAGNOSTIC DATA

Detailed information is essential in determining what the individual’s current functional limitations are as well as what accommodations may be appropriate to provide in the college environment.

Date of Initial Diagnosis: _______________________________  Date of most recent evaluation: _______________
Diagnosis: _____________________________________________________________________________________
Secondary/Tertiary Diagnoses: _____________________________________________________________________
Describe the individual’s functional limitation(s) caused by this (these) condition(s): __________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
Describe the current status of this individual’s condition(s) (e.g. Active, Progressing, Controlled, In Remission):
____________________________________________________________________________________________

For accommodation purposes, an individual with a disability under Section 504 and the ADA, is a person who has a physical or mental impairment that substantially limits one or more major life activities. Major life activities include, but are not limited to walking, seeing, hearing, speaking, breathing, learning, working, caring for one’s self and/or other similar activities.

Describe the major life activities currently and substantially impaired/limited by the individual’s diagnosis/condition: _____________________________________________
____________________________________________________________________________________________
____________________________________________________________________________________________
For students with the following disabilities, please attach the requested additional information:

**Cognitive Disabilities:** Most recent testing results (including tests of aptitude and achievement-full scale, not abbreviated) scores and the clinical narrative.

**ADHD/ADD:** History of ADHD/ADD, means of diagnosis, and evaluation of current impact.

**Psychological, Psychiatric or Emotional Disabilities:** Presenting symptoms and treatment. Prognosis, if known.

**Deaf/Hearing Impairment:** Audiogram required, and if available, performance section of psychological evaluation.

**Blind/Visual Impairment:** Visual acuity, field of vision, and, if applicable, CBVH certification number.

### IV THERAPEUTIC INTERVENTIONS / MEDICATIONS

Describe the therapeutic interventions and current plan for treatment including medications, dosage, and disabling side effects:

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

______________________________________________________________________________________________

Is student compliant with therapeutic interventions? ________YES       ________NO (please explain)

______________________________________________________________________________________________

______________________________________________________________________________________________

Is student compliant with medication plan? ________YES       ________NO (please explain)

______________________________________________________________________________________________

______________________________________________________________________________________________

### V RECOMMENDATIONS FOR THE COLLEGE ENVIRONMENT

Final determination of appropriate accommodations will be determined by the Coordinator of Disability Services on a case-by-case / course-by-course basis. Determination will be made based on documentation of disability and, as needed, in consultation with appropriate campus professionals.

**Listed below are accommodations offered in the college environment. Please check the specific accommodations you recommend for this individual and include the rational for each accommodation.**

#### Taking exams
- [ ] Extended time
- [ ] Separate location
- [ ] Reader / scribe
- [ ] Use of calculator
- [ ] Other:

#### Accessing standard print / textbooks
- [ ] Alternate format, such as:

#### Accessing class lecture / notes
- [ ] Notetaker
- [ ] Recording Lectures
- [ ] Preferential seating
- [ ] Sign Language Interpreters
- [ ] Adaptive Chair/Table
- [ ] Assisted Listening Device
- [ ] Other:

#### Scheduling classes
- [ ] Location
- [ ] Time of classes
- [ ] Reduced course load
- [ ] Other:
Living in/off campus housing

☐ Single room  ☐ Residency exemption
☐ Room modification, please describe:
☐ Other, please list below:
Please list below:

Non-academic aspects of campus environment

For example, navigating campus, managing special dietary restrictions.
Please describe below:

Other

Rationale for each accommodation checked above:

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

All documentation of a student’s disability is kept strictly confidential and is not released without written permission from the student or by order of the court.

Please submit documentation and/or inquiries to:
Kelly Engert, Coordinator of Disability Services
Seton Hall – First Floor
Niagara University, NY 14109
Phone: (716) 286-8541 / Fax: (716)286-8063
kadams@niagara.edu

RELEASE OF INFORMATION:

I, ________________________________________________, authorize the above physician / health provider to release to the Niagara University’s Coordinator of Disability Services the above requested information for the purpose of determining appropriate accommodations for my permanent or temporary disability while a student at Niagara University.

Signature of student: ___________________________________________  Date: ___________