

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 Accessibility Services, Academic Success Center, P.O. Box 1915, 11 Vincentian Drive, Niagara University, New York 14109, or fax to my attention at 716-286-8541.

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

Sincerely,

Kelly Adams Engert
Coordinator, Accessibility Services

Enclosure: Disability Verification Form

**DISABILITY VERIFICATION FORM
NIAGARA UNIVERSITY**

Accessibility 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 licenser: _____
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):

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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 Accessibility 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 rationale for each accommodation.

Taking exams

- Extended time
- Reader / scribe
- Use of calculator
- Other:
- Separate location
- Use of computer

Accessing class lecture / notes

- Notetaker
- Preferential Seating
- Adaptive Chair/Table
- Other:
- Recording Lectures
- Sign Language Interpreters
- Assisted Listening Device

Accessing standard print / textbooks

- Alternate format, such as:

Scheduling classes

- Location
- Reduced course load
- Other:
- Time of classes

