



DISABILITY VERIFICATION FORM

TO BE COMPLETED BY THE STUDENT'S EVALUATOR

Eligibility Criteria for Provision of Accommodations to Students with Disabilities:

1. Current verification of diagnosis and level of severity; and
2. Evidence of functional limitation in the educational setting.

Overview:

To ensure the provision of reasonable and appropriate services for students with disabilities, Disability Services requires students to provide current and comprehensive documentation of their disability and its impact on their education. This should include historical documentation, summary of previous testing and accommodations granted, results of medical workups (where appropriate), results of your evaluation, including test scores, specific DSM or ICD diagnosis, a statement regarding the severity and longevity of the disability, your recommendations for treatment, follow-up, and accommodations for the student while enrolled at Lawrence Technological University. To standardize the gathering of such information, we ask that you complete the following questions even if the material has already been provided in your evaluation. **All material will be kept confidential.**

Thank you for your cooperation.

Student name: _____

Student ID _____

1. Diagnosis (DSM Multiaxial Assessment [please include 5 axes with text and code]) if applicable:
2. Date of diagnosis: _____
3. Date of last clinical contact with student: _____
4. Approximate duration of disorder (include date student was last tested):
5. Describe procedures used to establish diagnosis:
6. Identify tests/procedures used to identify diagnosis:
7. If this student has previously been identified as disabled, describe services provided:

8. Describe the student's functional limitations in an educational setting:

9. Identify tests/procedures used to assess these limitations:

10. Describe any discrepancies between aptitude and achievement:

11. Identify or name tests/procedures used to assess current level of aptitude and academic achievement:

12. Please provide your specific recommendations (based upon your assessment, the student's clinical and academic history, and diagnosis) for accommodations that you believe will help equalize the student's ability to access Lawrence Technological University's educational program.

13. Is this student currently on medications? If so, provide medical history:

14. Please provide any additional information you feel will be useful in determining the nature and severity of this student's disability, and any additional recommendations that may assist Disability Services in determining appropriate accommodations and interventions. Additional sheets may be used.

I certify, by my signature below, that I conducted or formally supervised and co-signed the diagnostic assessment of the student named above and that: (a) I am a physician, or licensed clinical psychologist, or possess a doctorate in neuropsychology, clinical psychology, educational psychology, or other appropriate specialty; (b) I have been trained in psychiatric, psychological, neuropsychological and/or psychoeducational assessment (where applicable); and (c) I have at least three years experience in the evaluation of students with learning disabilities, ADHD/ADD, emotional impairments, administering IQ and Achievement tests, or psychiatric disabilities (where applicable).

Signature: _____ Date: _____ Print Name and Title: _____ Area of Specialty: _____ State of License: _____ License Number: _____ Address: _____ Phone: () _____ Fax: () _____
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Return this information to:

Disability Services - Office of the Dean of Students, Lawrence Technological University, 21000 West Ten Mile Rd., Southfield, MI 48075.