



Disability Verification Form

To Be Completed by the Licensed Health Professional *specific to the nature of Diagnosis*

The student identified below has informed Wilson College that the student has a disability and is seeking reasonable accommodations to be able to participate in the programs and activities of the College.

Please complete this form in its entirety so that Wilson College has information regarding the nature and severity of the student's medical condition to determine the appropriateness of potential reasonable accommodations to be made for the student. Thank you for your assistance.

Student Information:

Name: _____
Home Address: _____
Cell Phone: _____

Care Provider Information:

Provider Name: _____
Credentials/Licensing: _____
Provider Practice Name and Address: _____
Office Phone Number: _____
Office Email: _____

1. Is the student currently under your care: Yes No If no when did care end: _____
2. When was the last time you treated the student: _____
3. Number of consultations in the last 3 years: _____
4. Date of most recent evaluation: _____
5. Length of time under your care: _____
6. The student named above has requested accommodations from Wilson College because of a disability. A disability is defined under the Americans with Disabilities Act as a "physical or mental impairment that substantially limits one or more major life activities." Please identify the student's disability(ies)/diagnosis(es) or impairment(s):

7. Date of Diagnosis: _____ Made by whom: _____

8. Is this a temporary impairment: Yes No
a. If yes, what is the anticipated duration of the condition: _____
b. If no, what is the prognosis (please give the anticipated progression, duration stability):

9. Please describe the symptoms and history for this student's disability:

10. Please describe in detail the type, severity and frequency of symptoms currently experienced by the student, and how and to what degree they substantially limit one or more major life activities:

11. What is the student's current treatment plan? Please include a list any medication related to the student's medical condition that the student is currently taking, including dosage and frequency, if relevant. If applicable, please describe positive and adverse side effects of any prescribed medication as it relates to the student's disability and requested accommodations:

12. Please explain how the student's disabilities will impact the student's ability to attend and participate in the College's programs and activities including classes. Extracurricular activities and living in campus housing:

13. Due to the nature of the student's disability, does the student need any reasonable accommodations to be able to attend Wilson College as a student, live on campus as a resident of the College, or otherwise participate in the College's programs, activities and services: Yes No
14. If the answer to the previous question is "Yes" please list and describe any reasonable accommodations that you recommend that are necessary to enable the student to attend Wilson College as a student, live on campus and otherwise participate in the College's programs, activities and services. Please specifically address the how the accommodation may remove a specific barrier. *Please note that reasonable accommodations are considered and determined through an Interactive process with the student:

15. If you have recommended a single room as a possible reasonable accommodation for the student, please advise of alternative accommodations that could be offered to the student based on the student's disability. While the College is committed to providing reasonable accommodations to all students with disabilities, our single housing options are limited, and requests for single housing typically exceed the College's single housing availability:

16. If you have recommended an ESA or are notifying Wilson of a service animal accompanying the student please complete the following:

Service Animal ESA

Information about the Animal: _____

Name of the animal: _____

Type of animal: _____ Breed: _____

Weight: _____ Size: _____ Sex: _____

(Please note that there are some restrictions on the kind of animal and size that can be approved for the residence hall. It is possible the student may be approved for an ESA, based on the information you provide here, but may not be allowed to bring the specific animal named.)

17. Have you discussed the responsibilities (both positive and challenging) associated with properly caring for an animal, including vet care, time the animal will be left alone (if an ESA), amount of time and cost required, and animal behavior, while engaged in typical college activities and residing in campus housing? Do you believe those responsibilities might exacerbate the student's symptoms in any way? (If you have not had this conversation with the student, please do so prior to recommendation.):

For Service Animals ONLY:

18. Please indicate what are the duties the service animal is trained to carry out for the student:

For ESA ONLY:

We recognize that having an ESA in the residence hall can be a real benefit for someone with a significant mental health disorder, but the practical limitations of our housing arrangements make it necessary to carefully consider the impact of the request for an ESA on both the student and the campus community.

19. Is the animal part of the treatment plan for the student and what barriers to the student's major life activity will be reduced by having an ESA:

20. Is there evidence that an ESA has helped this student in the past:

21. In your opinion, how important is it for the student's well-being that an ESA be in residence on campus? What consequences, in terms of disability symptomology, may result if the accommodation is not approved:

Thank you for taking the time to complete this form. If we need additional information, you may be contacted at a later date. The named student has signed this form (below) indicating written permission to share additional information with us in support of the request:

Please sign and date:

Provider Signature: _____

Date: _____

Care providers should send the disability documentation directly to the Accessibility Services Coordinator in one of the following ways:

Mail: Accessibility Services Coordinator
Academic Success Center
1015 Philadelphia Ave
Chambersburg, PA 17201

Fax: (717) 262-4845

Email: ASC@wilson.edu

STUDENT: Please sign and date this form before providing it to your health care provider to complete:

By signing below, I consent to allowing my healthcare provider to share any information relevant to my requested accommodation (s), as shown on this form, with personnel from the Accessibility Service Office for the next 60 days.

Student Signature: _____

Date: _____