WILSON COLLEGE

Disability Verification Form

To Be Completed by Student's Health Care Provider.

Student Information:
Name: _____
Home Address: _____
City/State/Zip: _____ Cell Phone (___) _____-_____

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

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."

1. Please cite the student's disability(ies)/diagnosis or impairment:

_____
_____
_____

2. Date of diagnosis: _____Made by you? _____
    a. If not, by whom? _____
3. Number of consultations in the past 3 years: _____
4. Positive and adverse side effects of any prescribed medications:
    _____
    _____
5. Date of most recent evaluation:_____
6. Length of time under your care: _____ Currently under your care? _____
    a. If no longer under your care, when did care end? _____

7. Please describe in detail the type, severity and frequency of symptoms currently experienced by the student, and how it substantially limits one or more major life activities. (Please use additional pages if needed.)

   _____
   _____
   _____
   _____
   _____
   _____

8. Please describe and provide rationale for any accommodations that you recommend addressing the student's disability. Please explain how the modification you recommend would address the functional limitations of the student's condition. (Again, please use additional pages if needed.)

   _____
   _____
   _____
   _____
   _____
   _____

   Documentation for eligibility must reflect the current functional impact the disability has on the student's learning or other major life activities and the degree to which it affects the individual in the context (dining, learning, residential, etc.) for which the accommodation(s) is(are) requested.

   A connection must be established between the requested accommodation and the functional limitations on the student in the college environment (learning, residential, etc.).

Please sign and date this questionnaire

_____

Provider Signature Date

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

Email: Shelbie.dannibale@wilson.edu
Fax: (717) 262-4845

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