



Dear Health Care Provider:

One of your patients is requesting an accommodation at Wesleyan College due to a disability. Disability Resources will review the medical information you provide and make a recommendation for appropriate services and accommodations in order for the student to equally participate in all programs and services at the college ensuring compliance with Section 504 of the Rehabilitation Act of 1973 and The Americans with Disabilities Act Amendments Act of 2008 (ADAAA).

In order for a student to be considered eligible to receive an accommodation, the documentation must show how the disability substantially limits one or more major life activities. **All information should be completed by a qualified health care professional.** Current and comprehensive information is required in order to determine appropriate services and accommodations. Accommodations that fundamentally alter the nature of the program, lower or waive essential academic requirements or result in undue financial or administrative burdens will not be granted.

1. All parts of the Disability Verification Form must be completed as thoroughly as possible. Inadequate information, incomplete answers and/or illegible handwriting will delay the eligibility review process by necessitating follow up contact for clarification. The health care provider should attach any reports which provide additional related information.
2. Please complete a Disability Verification Form for each diagnosis to ensure consideration of all aspects of a student's needs.
3. After completing and signing the Disability Verification Form, please fax or mail to Disability Resources at the address listed on the form. The information you provide will be kept confidential in accordance to the Family Educational Rights and Privacy Act (FERPA) and may be released to the student upon her written request.
4. Documentation for the request of services may take time to process and should be provided as soon as possible.

If you have questions regarding this form or opportunities for your patient, please contact Disability Resources at the information listed below.

Thank you for your assistance!

Christy L. Henry
Assistant Dean of Academic Resources

Disability Resources Wesleyan College
C/O Christy Henry
4760 Forsyth Road * Macon, GA 31210
Phone (478) 757-5219 * Fax (478) 757-2430



Wesleyan College Disability Verification Form

Please return form to: Wesleyan College – Disability Resources C/O Christy Henry
4760 Forsyth Road * Macon * GA 31210 - Phone (478)757-5219 * Fax (478)757-2430

THIS SECTION MUST BE COMPLETED BY THE STUDENT

Student Last Name	First Name	MI	Date of Birth
Date Requested	Phone #		

THIS SECTION MUST BE COMPLETED BY A LICENSED PROFESSIONAL

This student may be eligible for services and accommodations at Wesleyan College. In order to provide services we must have verification of a disability diagnosis and limitations. The information you provide will be used for the sole purpose of determining eligibility for and authorization of accommodations at Wesleyan College. Please complete a Verification Form for each diagnosed disability to ensure consideration of all aspects of the student’s needs.

1. Diagnosis: _____
(If applicable, include DSM IV Code)

2. Date of Onset: _____ End Date or Re-Evaluation Date: _____

3. Severity: Mild Moderate Severe Other _____

4. Duration of Condition:
 Permanent/Chronic Temporary - give estimated duration _____ Residual/Remission

5. Condition is:
 Stable Prone to exacerbations Observable Non-Observable

6. Prescribed Medication (s), Dosage and Side Effects: _____

7. Functional limitations of conditions and/or medication (i.e. the ways in which the diagnosis affects the student):

<input type="checkbox"/> Attention and/or Concentration	<input type="checkbox"/> Planning and/or Organization	<input type="checkbox"/> Memory
<input type="checkbox"/> Stamina	<input type="checkbox"/> Mobility	<input type="checkbox"/> Speaking
<input type="checkbox"/> Sitting	<input type="checkbox"/> Hearing – please attach audiogram	<input type="checkbox"/> Writing
<input type="checkbox"/> Processing Oral Materials	<input type="checkbox"/> Vision: _____	<input type="checkbox"/> Reading
<input type="checkbox"/> Processing Visual Materials	Acuity: R _____ L _____	<input type="checkbox"/> Sleeping
<input type="checkbox"/> Other _____		

8. Please list other limitations or information helpful in determining necessary and appropriate auxiliary aids or services, academic adjustments or other accommodations in an educational setting:

I understand that the information provided in this form will become part of the student record subject to the Federal Family Education Rights and Privacy Act (FERPA) of 1974 and may be released to the student upon written request.

Signature of Verifying Licensed Professional	Title/License #	Date
Name (printed)		
Address	Phone	