

**Verification Form
for Physical, Sensory or Health-Related
Disability/Functional Limitation**

The student named on the attached form has applied for services from Student Accessibility at Alverno College. In order to provide reasonable and appropriate services for students with disabilities, current and sufficient information documenting the disability and its functional impact is required. This attached form is intended to assist clinicians in providing this information so that eligibility for services can be determined. The information you provide will not become part of the student's educational records and will be kept in the student's confidential file in the Student Accessibility Office.

Please return the completed form
and a diagnostic report or test if available to:

Derek Blemberg
Student Accessibility Coordinator
Alverno College
3400 S. 43rd Street
P. O. Box 343922
Milwaukee, WI 53234-3922
Fax: 414-382-6354

If you have any questions, contact Derek Blemberg at 414-382-6722 or at StudentAccessibility@alverno.edu

Thank you for your assistance!

Verification of Disability

Name of Student:

DOB:

1. What is the diagnosis?

2. Date diagnosis was determined:

3. Level of severity: Mild Moderate Severe

4. Date you first connected with patient:

Date you last saw the patient?

5. This condition is: Temporary Permanent

6. Instruments/procedures used to make diagnosis:

7. Provide a description of the student's functional limitations as a result of this condition and how they might impact on his/her academic activities (such as reading, writing, note-taking, concentrating, studying, planning, problem solving, interaction with others, etc.).

8. If a current treatment plan exists, what is the plan in brief:

9. Medications, effects, and possible side-effects:

Professional's Signature:

Date:

Name & title:

Address:

Phone: