STUDENT AFFAIRS
SERVICES FOR STUDENTS WITH DISABILITIES
VIRGINIA TECH

Services for Students with Disabilities
310 Lavery Hall (MC 0185)
430 Old Turner Street
Blacksburg, Virginia 24061
P: (540) 231-3788 F: (540) 231-3232
www.ssd.vt.edu

Health Care Provider Disability Verification Form

Services for Students with Disabilities (SSD) provides reasonable accommodations to students with disabilities to ensure equal access in university life. Students may submit accommodation requests at any time, year-round.

The Americans with Disabilities Act of 1990 (ADA) the ADA Amendments Act of 2008 and Section 504 of the Rehabilitation Act of 1973 require that access be provided for individuals who have a physical or mental impairment that substantially limits one or more major life activities and/or have a record of such impairment. The purpose of this form is to assist Health Care Professionals in documenting a student's relevant disability information that may aid in the exploration of reasonable accommodations.

IMPORTANT: This form serves as one of several options for providing disability documentation to SSD. Other examples of acceptable documentation include: a physician's letter on letterhead, a diagnostic report, or an IEP/504 plan. For the complete list of options, please review SSD's general documentation guidelines. Other institutions and/or test agencies may have different criteria for receiving accommodations than required by SSD.

Please take note of the following as you complete this form. The person completing this form should be a Health Care Professional who is:

- qualified to assess and diagnose the student's condition, and/or
- is a part of the student's treatment plan for a previously diagnosed condition.
- not a family members or close relative.

These professionals are generally trained, certified, or licensed to diagnose and/or treat medical conditions. Examples include: psychiatrist, psychologist, therapist, counselor, social worker, medical doctor, optometrist, speech-language pathologist.

Please complete all parts of this form as thoroughly as possible. Inadequate information, illegible handwriting, or missing fields may require additional follow-up for clarification which could delay the accommodation review process.

The student or Health Care Professional should **include any documents which provide related information**, such as educational records (IEP, 504, etc.), Medical Records, Audiology Report, or Vocational Assessment, Neuropsychological Evaluation etc.

Accommodations, including this document, are part of a student record and protected by FERPA. For further information please visit SSD's Confidentiality statement.

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Student Information: To be Completed by Student

Student name: _____

Date of Birth: _____

Cellphone Number: _____

VT email: _____

Address: _____

City: _____

State, Zip: _____

Health Information: To be Completed by Provider

Relevant/Primary Diagnosis: _____

Date of Diagnosis: _____

Duration of Diagnosis: _____

Additional Diagnoses: _____

Date of Diagnoses: _____

Duration of Diagnosis: _____

List any major life activities that are impacted by the student's disability and their severity. Examples: reading, writing, seeing, hearing, concentrating, learning, walking, lifting, etc.

Describe any disability-related barriers that may need to be addressed in the living and/or learning environments in the university setting. Examples: in-person courses, online courses, residence halls, dining halls, labs, clinical settings, internships, etc.

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List symptoms, treatment plans and/or side effects that may impact functioning:

If the student experiences episodic flare-ups due to the condition, please describe any triggers, the frequency and duration.

Please provide additional information or considerations that may aid in the exploration of reasonable accommodations.

Health Care Professional Information:

Health Care Professional Name: _____

Health Care Professional Signature: _____

Date: _____

Licensure/Certification Number: _____

Facility or Practice Name: _____

Address: _____

City: _____

State, Zip: _____

Phone Number: _____

FAX: _____

Please return completed form to the student, or submit via FAX to SSD (540) 231-3232. For questions, contact us at or (540)-231-3788.