UNIVERSITY OF SOUTHERN INDIANA DISABILITY RESOURCES
VERIFICATION OF DISABILITY

Please take this cover sheet to an appropriately licensed professional. Ask that they complete section 1 and attach testing/documentation that addresses the 7 elements in section 2.

Examples of licensed professionals include: Neuropsychologist, Psychiatrist, Psychologist, Clinical Social Worker or Physician/Medical Specialist within area of Disability.

*Documentation must be submitted by a qualified practitioner who is not a family member of the student.

Student’s full name__________________________________________

Student’s email__________________________________________ Phone__________________________________________

1. This section must be completed by a qualified professional

• Does this student have a physical or mental impairment that substantially limits one or more major life activities?  Yes  No  (circle one).

• If yes, is the condition:  Temporary  Stable  Variable  Progressive  (circle one)

• Which major life activities are affected?

• Please list the student’s Medical or DSM diagnosis here ____________________________

• Professional’s signature __________________________________________________

2. If student has a disability please attach relevant testing that address each of the following 7 elements to this cover sheet in order to document the individual’s disability.

• Typed on letterhead, dated, and signed by a qualified professional

• Diagnostic Statement with any related diagnostic methodology (diagnostic criteria and/or procedures)

• Functional limitations or symptoms (Limitations inform which accommodations are appropriate.)

• Severity and/or expected progression

• Current medication(s) and any related side-effects (if applicable)

• Current and/or past accommodations (if applicable)

• Recommendations for accommodations that address the student’s functional limitations and that may be appropriate in the postsecondary environment

*This page without an attachment is not sufficient documentation. Inadequate information, incomplete answers and/or illegible handwriting will delay the eligibility review process.

PLEASE RETURN TO:
Ronda Stone, Disability Resources Coordinator
USI Disability Resources, SC2206
8600 University Boulevard, Evansville, IN 47712
Phone: 812-464-1961     Confidential Fax: 812-464-1935     Rev 06/15