



Name (Print):

Date:

Date of Birth:

**Graduation
Year:**

Campus:

The above named student has requested accommodations at RVU. Disability Support Services is attempting to determine whether this student has a condition(s) that substantially impacts a major life activity, and whether the condition causes limitations for which the student needs accommodation(s) in an academic setting.

Disability Services at Rocky Vista University University provides academic services and accommodations for students with diagnosed disabilities. The documentation provided regarding the disability diagnosis must demonstrate a disability covered under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990, as amended (2008). The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities.

- Documentation must be completed by a licensed, qualified professional, such as a treating or diagnosing health or mental care provider. Documentation filled out by the student and signed by the provider may delay the review process and require additional follow-up with the provider.
- Documentation provided by a family member is NOT accepted.
- All documentation will be evaluated on a case-by-case basis and used as one of several components in determining a student's eligibility for accommodations.
- In order to understand the need for reasonable accommodations, this form should include current information regarding the diagnosis and its impact on the student's access to the educational activities and programs at RVU.
- The healthcare provider should attach any reports which provide additional related information (e.g. Psychoeducational assessments, Neuropsychological test results, etc.). If a comprehensive diagnostic report is available that provides the requested information, a copy of that report may be submitted in lieu of this verification form.
- In addition to the required information, please attach any other information you think would be relevant to the student's academic access.

Please contact Disability Support Services with any questions.

Email: ADAaccommodations@rvu.edu

Call: (435) 222-1274

TO BE COMPLETED BY THE PROVIDER

Incomplete responses will delay the review process

1. **Please state the diagnosis(es) that impacts the student's physical and/or cognitive function. *You must state the specific diagnosis; terms such as "suggest" or "is indicative of" are not acceptable.***

2. **Date of diagnosis:**
Date first seen:
Date of most recent visit:
3. **How long has the student experienced this and what is the EXPECTED duration of impact?**

4. **What is the evidence supporting the diagnosis(es) that are being treated, or were previously treated?**
Please provide copies of any test results supporting the diagnosis(es) (i.e. audiogram/vision report, psychoeducational evaluation, etc.) or other formal assessments used to reach the diagnosis.

5. **If the student is taking medication, what side effect(s), if any, are impacting or may impact the student's education?**

6. a. What specific physical and/or cognitive functional impact is the student experiencing in an academic environment? Please be as specific as possible.

b. What is the severity of the impact: MILD MODERATE SEVERE

7. Based on the student's diagnosis and its impact, what major life activities are affected by their diagnosis? Please be as specific and detailed as possible.

8. Based on the information you provided, what accommodations do you recommend for this student to ensure they have equal access to their coursework and/or clinical education?

9. Is there any other information would be helpful in determining reasonable and appropriate accommodations for this student in a medical education setting?

Please attach any information (evaluations, test results, etc.) relevant to the student's current request.

Provider Information:

Print name:

Date:

Signature:

License:

Phone #:

Area of Specialization: