

Services for Students with Disabilities
1400 East Hanna Avenue
Schwitzer #206
Indianapolis, Indiana 46227-3697
(317) 788-6153 Fax: (317) 788-6117

May need to have this form completed in addition to the psychoeducational evaluation documentation if the documentation is insufficient.

Today's Date: _____

Student Name: _____

Home Address: _____

Telephone: _____

The University of Indianapolis student named above is requesting an auxiliary aid or service, academic adjustment, and/or other accommodation(s) due to a learning disability. In order to consider this request as well as to ensure the provision of reasonable and appropriate auxiliary aids, services, and accommodations, the University policy requires that current and comprehensive verification of the learning disability be provided by a qualified professional. In order to be considered current, the qualified professional's statement must be **within 3 years** prior to the date of the student's request for accommodations. The professional(s) conducting the assessment and rendering the diagnosis must be qualified to do so. A qualified professional includes a licensed school or other psychologist, learning disability specialist, speech and language pathologist, or licensed psychiatrist.

Under the Americans with Disabilities Act, an individual with a disability means any person whom:

1. Has a physical or mental impairment which substantially limits one or more major life activities;
2. Has a record of such an impairment; or,
3. Is regarded as having such impairment, whether he/she has the impairment or not.

“Major life activities” includes caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, sitting, standing, lifting, and working as well as mental and emotional processes such as thinking, concentrating, and interacting with others.

The documentation and information provided must include information that diagnoses the learning disability, describes the learning disability in an educational setting, indicates the severity and longevity of the condition, and offers recommendations for necessary and appropriate auxiliary aid(s) or service(s), academic adjustment(s), or other accommodation(s).

To facilitate the gathering of such critical information, please respond to the following questions, attach any appropriate diagnostic reports, and return to the University of Indianapolis, Services for Students with Disabilities, Schwitzer Student Center, Room 206:

Please provide the following information:

Diagnosis: _____

Level of Severity (Circle one): Mild Moderate Severe

Date of Diagnosis: _____ Date of Last Contact with Student: _____

What measures were used to assess the following (Attach Diagnostic Report):

Cognitive/Aptitude: _____

Achievement: _____

Information Processing: _____

Social-Emotional: _____

Other: _____

Provide a summary of the student's educational, medical, and family history that may relate to the learning disability (must demonstrate that difficulties are not the result of sensory impairment, serious emotional disturbance, cultural differences, or insufficient instruction: _____

Describe the symptoms which meet the criteria for the DSM-IV diagnosis with the approximate date of onset: _____

Describe the student's functional limitations in an educational setting: _____

Describe your recommendations regarding necessary and appropriate auxiliary aids or services, academic adjustments or other accommodations to equalize the student's educational opportunities. _____

In addition to the diagnostic report, please attach and describe other information relevant to this student's academic adjustment: _____

Is there any other diagnosis that we need to be aware of: _____

Professional's Signature: _____ **Date:** _____

Printed Name and Title: _____

Address: _____

Daytime Telephone Number: _____

Return this verification form and **attach a copy of the comprehensive diagnostic report** marked confidential to:

University of Indianapolis
Services for Students with Disabilities
1400 East Hanna Avenue
Schwitzer #206
Indianapolis, IN 46227

Note: It may be necessary to re-submit documentation for conditions not of a chronic nature.