

Qualified Professional's Statement

Disability Resources and Build

1400 East Hanna Avenue
Schwitzer 001
Indianapolis, Indiana 46227-3697
(317) 788-3536
Email: ssd@uindy.edu

Today's Date: _____

Student Name: _____

Home Address: _____

Telephone: _____

The University of Indianapolis student named above is requesting accommodation(s) due to his/her learning disability under the Americans with Disabilities Act. In order to consider this request, as well as to ensure the provision of reasonable and appropriate accommodations, the University policy requires that current and comprehensive verification be provided by a qualified professional. For specific documentation guidelines, visit www.uindy.edu/ssd. The documentation should be age appropriate, current, and describe the learning disability in an educational setting. *A copy of the most recent psycho-educational evaluation may be submitted.*

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' Disability Resources & Build.

Please provide the following information:

Diagnosis (DSM-IV criteria): _____

Date of diagnosis: _____ Date of last evaluation: _____

Describe the measures used to assess the diagnosis or attach the psycho-educational evaluation: _____

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, significant emotional disturbance, cultural differences, or insufficient instruction)*

Describe the current functional limitations resulting from the learning disability (*i.e., provide a clear sense of the severity or frequency of how the condition will impact the educational/residential setting*):

Describe what, if any, accommodations would be reasonable and appropriate. These recommendations should logically relate and support the functional limitations in a classroom or residential setting.

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 necessary copies, marked *Confidential*, to the address below or scan to ssd@uindy.edu:

University of Indianapolis
Disability Resources and Build
1400 East Hanna Avenue
Schwitzer 206
Indianapolis, IN 46227-3697

Disability Resources & Build will use the information on this form to determine the student's eligibility for disability support services. Disability Resources is committed to ensuring that all information and communication pertaining to a student's disability is kept confidential as required by law.