



## Accessibility Verification Form

Name of Student: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

The student named above is requesting an auxiliary aid or service, academic adjustment, housing accommodations, meal accommodations and/or other accommodation from Academic Accessibility, due to a disability. In order to consider this request as well as to ensure the provision of reasonable and appropriate auxiliary aids and services for students with a disability, Greensboro College requires that current and comprehensive verification of the disability be provided by a qualified professional. In order to be considered current, the qualified professional's statement must be within **five years** prior to the date of the most recent request from Academic Accessibility Office. 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, licensed psychiatrist, or licensed medical professional.**

Under the ADA and the Rehabilitation Act of 1974, an individual with a disability means any person who:

1. Has a physical or mental impairment which substantially limits one or more major life activities;
2. Has a record of such 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 disability, describes the disability in an educational setting, and indicates the severity and longevity of the condition, and offers recommendations for necessary and appropriate auxiliary aids or services, academic adjustments or other accommodations.

To facilitate the gathering of such critical information, please respond to the following questions, attach the diagnostic report, and return to the Office of Academic Accessibility.



## Accessibility Verification Form

**\*\* to be filled out by a medical professional\*\***

Name of Student: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

1. Diagnosis: \_\_\_\_\_
2. diagnostic code: \_\_\_\_\_
3. Level of Severity (circle one):      Mild      Moderate      Severe
4. Date of Diagnosis: \_\_\_\_\_
5. Date of Last Contact with Student: \_\_\_\_\_
6. Expected duration, stability, or progression of the condition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. What measures were used to assess the following (**Attach Diagnostic Report**):  
\_\_\_\_\_  
\_\_\_\_\_
8. Provide a summary of the student's medical, family &/or educational history that may relate to the disability (must demonstrate that difficulties are not the result of sensory impairment, serious emotional disturbance, cultural differences, or insufficient instruction):  
\_\_\_\_\_  
\_\_\_\_\_
9. What major life activity (e.g., walking, seeing, hearing, breathing, self-care) does the condition substantially limit:  
\_\_\_\_\_
10. Describe how the recommended accommodation impacts the condition: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Describe the current impact of the condition: (including negative health impact that may be permanent or life threatening if request is not granted): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. What recommendations do you have regarding necessary (cannot be mitigated in any other way) and appropriate auxiliary aids or services, academic adjustments or other accommodations to equalize the student's educational opportunities? Describe necessary and appropriate auxiliary aids & options:

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

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Contact information should we need to speak to the diagnosing professional:

Qualified Professional's Signature: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Daytime Contact Number: \_\_\_\_\_

Contact Address: \_\_\_\_\_

Date: \_\_\_\_\_

**Return Form To:**

**Greensboro College  
Office of Academic Accessibility  
815 West Market Street  
Greensboro, NC 27401**

**336.272.7102 Ext. 5591 Phone  
336.217-7217 Fax  
georgieann.bogdan@greensboro.edu**