DOCUMENTATION & VERIFICATON

of a Disability-Related Need for Housing Accommodations

Name of Student: ____________________________ **Student ID Number:** ____________________

Year______________________ **Cell #**_____________________ **Campus address**___________________

The student named above is requesting housing accommodations &/or meal plan accommodations due 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 the 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.

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.

******For the Physician to fill out******

Adapted from: Managing Student Disability Compliance, K. Weeks, 2012 College Legal Information Inc.

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. Describe the symptoms which **meet the criteria for diagnosis of a disability** with the approximate date of onset: ____
____
____
7. Describe the student's functional limitations. What major life activity (e.g. walking, seeing, hearing, speaking, sitting, standing, lifting, self-care) is affected due directly to the disability in the educational setting:____
____
____
8. Name the treatments/medications/devices or services currently prescribed(name of medication & dose):
____
____
____
9. What is the expected duration, stability or progression of the condition?:____
____
____
10. What are your recommendations for housing?:____
____
____
11. Describe how the recommended housing impacts the condition:____
____
____

Adapted from: Managing Student Disability Compliance, K. Weeks, 2012 College Legal Information Inc.

12. Are there alternative recommendations?
____
____
____
____

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

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
336.271.7217 Fax
georgieann.bogdan@greensboro.edu

Adapted from: Managing Student Disability Compliance, K. Weeks, 2012 College Legal Information Inc.