(ASSD) Verification of Disability

Access Services for Students with Disabilities provides accommodations for students with medical and/or psychological disabilities. To determine eligibility for services, this office requires current and comprehensive documentation of the disability from the diagnosing physician, psychiatrist, or psychologist.

Please complete the questions below pertaining to the following student who has requested services:

Student Name_________________________________________ I.D.#____________________

Please use the other side of this form if more space is needed.

1. Diagnosis, date of diagnosis, and last contact with student:

2. Describe symptoms the student has exhibited that meet the criteria for this diagnosis:

3. Describe how this condition and the medications needed to treat the condition may affect this student both academically and/or physically:

4. What recommendations do you have regarding accommodations, e.g., extended time testing, note taker, exams taken in private rooms, taped lectures, other: Please give rationale for accommodations based on diagnosis.

__________________________________________________________________________
Certified Specialist Name (Please Print) ____________________________ Date

__________________________________________________________________________
Certified Specialist Signature

__________________________________________________________________________
Certified Specialist Office Stamp or Seal

PLEASE RETURN FORM TO:
Access Services for Students with Disabilities
Governors State University
University Park, IL 60484-0975
assd@govst.edu
(708) 235-3968