

Practitioner Verification of Disabilities Form:

Student Name: _____ Student Date of Birth: _____

I am requesting disability accommodations through the Disability Support Services office at Victoria College. The school requires current and comprehensive documentation of my disability/medical condition as one of the criteria used to evaluate my eligibility for disability-related accommodations. Please respond to the following questions as soon as possible and return to me or send to the disability office by email. I authorize the disability office to contact you in clarification is needed.

Student Signature: _____ Date: _____

Healthcare Provider Name (print): _____

Title: _____ Phone: _____

Organization Name and Address: _____

The following areas must be completed by the healthcare professional listed on this page.

1. Diagnosis(es) and date(s):

2. Current status of condition(s) (e.g., active, progressive, controlled, in remission):

3. Current level of severity (choose one):

Mild Moderate Severe

4. How long is this condition(s) likely to persist (be as specific as possible, e.g. lifetime; 1 academic year; duration of academic program enrollment; 1 month):

5. Please list any procedures / assessments used to diagnose this student's condition:

6. What are the functional limitations or symptoms of the condition(s)?

7. How does the condition (and/or current treatment) impact the student's ability to learn or meet the demands of the college setting, clinical requirements, and/or ability to participate in VC activities?

8. Identify any accommodations you believe may be necessary in order for the student to participate in the institution's program, activities, and services:

The information is current and accurate to the best of my knowledge based on my recent evaluation of this patient or my review of records of a recent evaluation by a qualified healthcare provider.

Signature of Treatment Provider _____

License # _____

Date _____

Thank you for your support in obtaining academic accommodations. You may email your report to the Disability Services Office at marlene.schiffbauer@victoriacollege.edu. If you require additional information you are welcome to contact me at 361-572-6411. Please attach any additional reports or relevant information. All information on this form will remain confidential in accordance with the Family Educational Rights and Privacy Act (FERPA).