

WALSH

Documentation Verification Form (To be completed by physician)

_____ is seeking accommodations through Disability & Accessibility Support Services at Walsh. To ensure provision of reasonable and appropriate services, documentation of disability and information is required from a qualified professional that provides the diagnosis of a disability and a description of the functional limitations associated with the disability. To facilitate the gathering of the information, we ask that you respond to the following questions:

1. Diagnosis:

2. Date of diagnosis: _____

3. Date of last contact with patient/student: _____

4. What procedures were used to assess/diagnose the disability?

5. Describe the symptoms that meet the criteria for diagnosis:

6. Describe this student's functional limitations in an educational setting resulting from this disability.

7. Please attach a **diagnostic report** and any information that you feel is relevant in determining appropriate accommodations for this student.

Signature: _____

Name, Title and Address: _____

Please send the completed form and supporting documentation/diagnostic reporting to Walsh Disability & Accessibility Support Services via scan/email to supportservices@walshcollege.edu Supporting documentation/diagnostic reporting can also be faxed securely to 248-823-1020.