Wagner College
Office of Disability Services

Disability Verification for Students with Psychological/Attention Deficit Disorders Medical, Sensory and Health-Related Disabilities

Students Name: _____ ID: _____
Home Address: _____
Contact Number#:_____ E-Mail: _____

I hereby authorize _____ to release _____to Wagner College, Office of Disability Services the information specified below.

Signature_____ Date_____

To ensure the provision of reasonable and appropriate services for students with psychological, attention deficit, medical, sensory or health related conditions at Wagner College, a licensed professional (e.g. physician, psychiatrist, psychologist or certified social worker) must provide current and comprehensive documentation of the student's disability/condition.

1. DSM-IV Diagnosis:_____
2. Date of Diagnosis:_____
3. Date of your last contact with the student:_____

4. What instruments/procedures were used to diagnose the disorder/disability?
   _____
   _____
   _____
   _____
   _____

5. Please describe the presenting symptoms of this disorder/disability.
   _____
   _____
   _____
   _____
   _____

6. Is this student currently taking medication for this disorder/disability? _____No
   If yes, what is the medication?_____

   Please describe any possible side effects of the medication.
   _____
   _____

7. Please describe the impact of this disorder/disability on the student's academic performance so that we can determine the specific accommodations which may be necessary.
   _____
   _____
   _____
   _____
   _____

8. What academic accommodations (e.g. note taking assistance, testing accommodations such as extended time, etc.) would you suggest for the academic setting ?
   _____
   _____
   _____
   _____
   _____

9. Please attach any additional information that you believe to be relevant to meeting this student's disability-related academic needs.

Signature _____
Print Name and Title: _____
License#_____ Agency Name:_____
Address:_____
City:_____ State_____ Zip_____
Phone:_____ Date_____

Return form to:

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