Mount Saint Mary College

Office of Disability Services
330 Powell Avenue, Newburgh, New York 12550 • www.msmc.edu
Phone: 845-569-3638 Fax: 845-569-3558

Director of Disability Services, Alisha McCorvey *Accommodations Coordinator, Maggie McCarthy*

Disability Verification for Students with Physical or Sensory Disabilities

To ensure the provision of appropriate services and accommodations for students with physical or sensory disabilities at Mount Saint Mary College, documentation must be provided by a qualified professional with experience and expertise in the area for which accommodations are being requested. The diagnostician must be an impartial individual who is not a family member of the student. Documentation must be current and provide comprehensive information regarding the student's disability and need for accommodations.

Please complete the following form for _____ who has requested disability-related services and accommodations from our office. **Please type or print clearly.**

1. Diagnosis: _____

2. Date of Diagnosis: _____

3. Date of your last contact with the student: _____

4. What instruments/procedures were used to diagnose the physical or sensory disability?

X	INSTRUMENT / PROCEDURE	ADDITIONAL NOTES
	Interviews with the student	
	Interviews with other persons	
	Behavioral observations	
	Developmental history	
	Medical history	
	Other:	

5. Please describe the presenting symptoms of this disorder:

_____
_____
_____
_____
_____

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6. Please identify the functional limitations listed below that are affected because of this diagnosis and indicate the level of limitation. Requested accommodations must be tied to the functional limitations of the individual in the academic setting.

LIFE ACTIVITY	NO IMPACT	MODERATE IMPACT	SEVERE IMPACT	NOT SURE
Learning				
Concentrating				
Memory				
Sleeping				
Eating				
Social Interacting				
Managing internal distraction				
Managing external distractions				
Timely submission of assignments				
Attending class regularly and on time				
Making and keeping appointments				
Managing stress				
Organizing				

7. Based on the functional limitations listed above, what accommodations would you suggest?

✓	ACCOMMODATIONS
	Alt. Site
	Books in Alt. Format
	Calculator
	Clarification of Test Questions
	Ext. Time (150.0%)
	Ext. Time (200%)
	Elevator Key
	Early Registration
	Copy of PowerPoint
	Handicapped Parking
	Laptop in Class
	Note Taker Needed
	Reader
	No Scantrons

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8. Is this student currently taking medication for this disorder? ____Yes ____No

If yes, please list the medications and side effects below:

MEDICATION	SIDE EFFECTS	EFFECT ON ACADEMIC FUNCTIONING

9. Do limitations/symptoms persist even with medication? ___ Yes ___No

10. What is the student's prognosis?

_____

_____

11. How long do you anticipate the student's academic achievement will be impacted by this disability?

	Six months
	One year
	Long term

12. What other specific symptoms currently manifesting themselves might impact the student's performance? _____

_____

13. Is there anything else that you believe we should be aware of in terms of this student's disability? _____

_____

_____

CERTIFICATION:

Signature: _____ Date: _____

Print Name: _____

Credentials and Title: _____ License #: _____

Agency Name: _____

Street address: _____
Street City State Zip Code

Phone: _____ email: _____

Please return this form to the address above.