

## **Verification of Disability Form**

John Paul the Great Catholic University assists students with a diagnosed disability that may significantly interfere with daily academic life. To determine eligibility for services and appropriate accommodations, JPCatholic requires comprehensive and current (within the last 3 years) documentation of the condition by the student's attending physician or other appropriate professional. JPCatholic does NOT provide testing or assessments to diagnose a disability.

This completed form should be returned either in hard copy, or scanned and emailed to the Lidy Connolly, VP of Administration at <a href="mailto:LConnolly@JPCatholic.edu">LConnolly@JPCatholic.edu</a>, or faxed to the number below at <a href="mailto:least 2">least 2</a> weeks prior to the start of the academic year, or as soon as possible following the discovery of a new qualifying condition. Substitute verification documentation may be accepted in lieu of this form, at the discretion of JPCatholic.

## THE FOLLOWING SECTION IS TO BE COMPLETED BY THE STUDENT'S ATTENDING PHYSICIAN OR OTHER APPROPRIATE PROFESSIONAL

Name of Student:

1. What is the student's general diagnosis?

2. Describe the symptoms of the student's condition.

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3.	How does this condition interfere with the student's activities of daily living?
4.	How will the student's condition affect them in the academic environment?
5.	What accommodations are medically necessary to manage the health of this student?
6.	Please list current medications including dosage, frequency, and adverse side effects that would affect their activities of daily living and any prescribed treatment plan for this student.

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7. When was the student last treated? What was the expected duration of the disabling condition?

Signature:
Print name, title, and professional credentials:
Date:
Address:
Contact Information:

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