

Verification of Disability and Accommodations 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 Eleazar Palma, the Dean of Students at epalma@jpcatholic.edu and Joe Sleman, Counselor at jsleman@jpcatholic.edu at least 2 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

Student Name:

1. What is the student's general diagnosis?

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

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.

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

Joseph Sleman, Counselor, AMFT
John Paul the Great Catholic University

Providers Signature

Date

Accommodation



This student has presented verification of a disability that significantly interferes with daily academic life. The following accommodation(s) has been deemed reasonable by JPCatholic and should be provided in accordance with the law. It is the student's responsibility to deliver this form to each instructor **within 1 week** of receiving the form from the Dean of Students (see date below). Forms delivered after this point may be denied. The student and the instructor should agree on a protocol for initiating each accommodation unless a protocol is stated on the form. For questions or concerns, please contact Eleazar Palma, the Dean of Students at epalma@jpcatholic.edu.

Student Name: _____

Date: _____

Testing Accommodations

Distraction Free Environment _____

Extended Time 1.5x _____ 2x _____

Oral Instructions _____

Classroom Accommodations

Note Taker / Access to Class Notes _____

Extended Time on Assignments _____

Use of Technology in Class (specify): _____

Additional Notes:

Facilities and Resource Accommodations

Alternative Media or Format for Course Texts (specify):

Facilitated Seating (specify)

Please specify:

Other Accommodations or Recommended Protocols:

Notes:

Student Signature

Date

Dean of Students

Date