



## **Verification of Disability Form: Acquired Brain Injuries/Disabilities**

Student Access at Davenport University strives to ensure that qualified students with acquired brain injuries/disabilities are accommodated to best assure the successful completion of academic requirements and to obtain the benefits of participation in the academic community. Students with disabilities must still satisfy essential academic program requirements, with or without accommodation.

Davenport University is required by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act to provide effective services for qualified students with documented disabilities if such accommodations are needed to provide equal access to the University programs and services. Federal law defines a disability as “a physical or mental impairment that substantially limits one or more major life activities.” Major life activities are defined as the ability to perform functions such as walking, seeing, hearing, speaking, breathing, learning, working, or taking care of oneself. An acquired brain injury in and of itself does not necessarily constitute an impairment. The degree of impairment must be significant enough to “substantially limit” one or more major life activity.

Students who wish to receive academic adjustments due to an acquired brain injury/disability need to have this form filled out by a qualified healthcare provider. The healthcare provider completing this form must have firsthand knowledge of the student’s condition and must have experience diagnosing and treating this condition.

### **Release of Information**

I, \_\_\_\_\_, authorize the exchange and release of information regarding academic adjustments; auxiliary aids and/or accommodations related to my disability with relevant Davenport University academic and operations personnel. I understand that my disability related records including test scores, evaluations and diagnoses will be kept confidential and will be shared only on a need-to-know basis within the institution. I understand this consent will remain in effect as long as I am a current student at Davenport University or until revoked by me by giving written notice to the Student Access Coordinator at my location.

\_\_\_\_\_  
Student’s Signature

\_\_\_\_\_  
Date

### **Student Information** (This section to be completed by the student)

Last Name \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Student ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Permanent Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Certifying Professional**

Name \_\_\_\_\_

Credentials \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

License/Certification number and state of licenser \_\_\_\_\_

Date of initial contact with student \_\_\_\_\_

Date of last contact with student \_\_\_\_\_

**Diagnosis**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Diagnosis \_\_\_\_\_

Basis on which diagnosis was made \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Current medications including dosage and side effects \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Long term treatment plan \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Student's current compliance with treatment plan \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Prognosis for treatment plan (Include likelihood of improvement or further deterioration and within what approximate time frame.) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Planned therapeutic interventions \_\_\_\_\_

Prognosis for therapeutic interventions (Include likelihood for improvement or further deterioration and within what approximate time frame.) \_\_\_\_\_

Student's current compliance with therapeutic interventions \_\_\_\_\_

History of hospitalization \_\_\_\_\_

**Implications for Educational Success**

Learning abilities specific to the post-secondary environment that are impaired by the disability (e.g. difficulty with concentration, slow processing speed, etc.)

Implications for taking exams and other classroom activities caused by disability, medication, or treatment. Please specify which and explain why:

