

GUIDELINES FOR DOCUMENTATION

VERIFICATION OF A COMMUNICATION OR LANGUAGE DISABILITY

The Student Academic Support Services (SASS) Office provides accommodations to students diagnosed with a disability that substantially impacts one or more major life functions. To determine eligibility for services and appropriate accommodations, current and comprehensive documentation of the disability from a licensed professional who is credentialed to perform such evaluation is required. If you have any questions pertaining to documentation needs, feel free to contact Student Academic Support Services at (740) 284-5358 or Email tgreathouse@franciscan.edu.

| STUDENT INFORMATION: *** To be completed by the student *** | | | | | |
|--|-------------------------------------|--------------------|--------------------|------------------|-------------------------|
| Fu | ll Legal Name: | | | | |
| Da | te of Birth: | | Cell Phone: | | |
| FU | JS ID#: | FUS Email: | | | @student.franciscan.edu |
| Ad | dress: | | | | |
| | | | | | |
| M | EDICAL INFORMATION: | *** To be co | mpleted by the a | liagnosing profe | ssional *** |
| 1. What is the diagnosis, date of diagnosis, and your last contact with the student? | | | | | |
| | | | | | |
| | | | | | |
| 2 | T. I. d. H. d | 1. 1. 1. | d 1 1 1 | | |
| 2. | Indicate all instruments and proced | dures used to diag | gnose the disorder | • | |
| | | | | | |
| | | | | | |
| 3. | What is the severity of the disorde | er? Mild | Moderate | Severe | |

| 4. | Describe the student's symptoms that meet the criteria for this diagnosis and report all test results. Please attach diagnostic report if possible. | | | |
|--|---|--|--|--|
| 5. | Describe the functional limitations of the disorder for this student in an educational setting. | | | |
| 6. | What recommendations do you have regarding academic accommodations and your rationale for these recommendations? | | | |
| 7. Please add any additional comments that you feel appropriate: | | | | |
| PR | OVIDER INFORMATION: | | | |
| Sig | nature: Date: | | | |
| Pri | nt Name and Title: | | | |
| Sta | te of License: License Number: | | | |
| Ad | dress: | | | |
| Tel | ephone: | | | |

Once completed, please return this form back to the student so that they may upload it with their SASS Disability Services Application (found on the FUS website).

If you have questions regarding this form, please call SASS at 740-284-5358.