

## GUIDELINES FOR DOCUMENTATION

## VERIFICATION OF A COMMUNICATION OR LANGUAGE DISABILITY

The Office of Student Success 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 **The Office of Student Success at**(740) 284-5263 or Email keasterday@franciscan.edu.

STUDENT INFORMATION: *** To be completed by the student ***					
Ful	l Legal Name:				
Dat	te of Birth:		_ Cell Phone:		
FU	S ID#:	FUS Email:		(0)	student.franciscan.edu
Ado	dress:				
MI	EDICAL INFORMATION:	*** To be con	npleted by the d	iagnosing profession	<u>al ***</u>
1.	What is the diagnosis, date of diag	gnosis, and your la	st contact with th	e student?	
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2.	Indicate all instruments and proce	dures used to diag	nose 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 Disability Services Application (found on the FUS website).

If you have questions regarding this form, please call OSS at 740-284-5263.