SUNY ORANGE
WWW.SUNYORANGE.EDU
115 South Street, Middletown, New York 10940 (845) 344-6222
One Washington Center, Newburgh, New York 12550 (845) 562-2454

Verification of Disability Form

Dear Health Care Professional:

The Office of Accessibility Services (OAS) at SUNY Orange provides services to students with documented disabilities to ensure equal access to educational programs and activities. To determine eligibility, this office requires current and comprehensive documentation of the disorder or disability from a diagnosing physician, psychiatrist, or fully licensed psychologist. Information shared with this office is confidential. All records are housed in the OAS at SUNY Orange and are not part of the student's academic record. To ensure our office provides appropriate support for the student, please complete this form.

Part A: Student Information

Please sign and date below and fill in all other areas using Print or Typ.

Student Name (Print): _____ DOB: _____
Address _____
City: _____ State: _____ Zip: _____
Phone Number: _____ Cell Phone #: _____
Email address: _____
Student Signature: _____Date: _____

Part B: Licensed Healthcare Provider Information

Please sign and date below and fill in all other areas using Print or Type

Provider Name (Print): _____ Title: _____
License or Certification Number: _____
Address: _____
City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____
Email address: _____
Provider Signature: _____ Date: _____

To Be Completed by a Licensed Health Care Provider

- Please complete all applicable and pertinent information in both **Sections I and II** in order for the above named student to receive appropriate academic accommodations in a classroom or testing environment.

Section I

Diagnostic Information:
(Please print or type legibly)

1. DSM-IV Diagnosis
   Axis I: _____
   Axis II: _____
   Axis III: _____
   Axis IV: _____
   Axis V (GAF Score):_____

2. In addition to DSM-IV criteria, how did you arrive at your diagnosis?
   - ☐ Structured or unstructured interviews with student
   - ☐ Interviews with other persons
   - ☐ Behavioral observations
   - ☐ Development history
   - ☐ Educational history
   - ☐ Medical history
   - ☐ Neuro-psychological testing – Date(s) of testing _____
   - ☐ Psycho-educational testing – Date(s) of testing _____
   - ☐ Standardized or non-standardized rating scales _____
   - ☐ Other (please specify) _____

3. What is the severity of the disorder? ☐ Mild ☐ Moderate ☐ Severe
   Please describe the severity checked above:
   _____

   _____

_____

4. Please describe the patient's symptoms relating to this diagnosis

_____

_____

_____

5. What specific symptoms does the patient have that might affect the student's academic performance at SUNY Orange.

_____

_____

6. Is this student currently receiving therapy or counseling?

☐ Yes ☐No ☐ Not sure ☐ Other: please explain _____

_____

7. What medications is the patient currently taking? How effective is the medication? How might side effects, if any, affect the student's academic performance?

_____

_____

_____

_____

8. Current compliance with medication plan. ☐ Yes ☐ No Other _____

_____

_____

9. Please indicate accommodations that may be helpful for the student. Each recommendation should include an explanation of its relevance to the diagnosis or area of functional limitation. (*Final determination of appropriate accommodations will be determined by our office in accordance with the mandate of the Rehabilitation Act of 1973 and the Americans with Disabilities Act.)*

_____

_____

_____

Section II

Diagnostic Information

(Please print or type legibly)

1. What is the diagnosis, date of diagnosis and last contact with the patient?

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_____

_____

2. Is the student/patient currently under your care? ☐ Yes ☐No

3. List current medication(s), impact, and adverse side effects.

_____

_____

_____

4. If the student is currently undergoing medical treatment, please describe and indicate how the the treatment might affect the student academically.

_____

_____

_____

5. Major Life Activities Assessment

   Please check which of the following major life activities listed below are affected because of the impairment. Please indicate severity of limitations.

Life Activity	1 - Negligible	2 - Moderate	3 - Substantial
Talking	☐	☐	☐
Hearing	☐	☐	☐

Breathing	☐	☐	☐
Standing	☐	☐	☐
Sitting	☐	☐	☐
Walking	☐	☐	☐
Seeing	☐	☐	☐
Writing	☐	☐	☐
Performing Manual Tasks	☐	☐	☐
Sleeping	☐	☐	☐
Learning	☐	☐	☐
Reading	☐	☐	☐
Thinking	☐	☐	☐
Concentrating	☐	☐	☐
Memorizing	☐	☐	☐
Interacting with Others	☐	☐	☐
Other:	☐	☐	☐
Other:	☐	☐	☐

6. Describe how this medical condition may result in specific functional limitations in an academic setting (i.e., problems sitting for long periods of time, unable to type for more than ten minutes, or unable to walk more than 50 feet without fatigue)?

_____

_____

_____

7. What is the expected duration of this disability?

_____

_____

8. Are there any situations or environmental conditions that might lead to an exacerbation of the condition?

_____

_____

_____

9. Please state specific recommendations regarding academic accommodations for this student, and a rationale as to why these accommodations/adjustments/services are warranted based upon the student's functional limitations. Indicate why the accommodations are necessary.

_____

_____

_____

10. Please include any additional information you believe may be helpful, if applicable.

_____

_____

_____

Please return completed forms to one of our offices listed below along with any questions or concerns you may have.

Middletown Campus
Melanie Bukovsky, Disabilities Specialist
Office of Accessibility Services
SUNY Orange
115 South Street
Middletown, NY 10940
845 341-4077
Fax: 845 341-4360
Email: melanie.bukovsky@sunyorange.edu

Newburgh Campus
Jennifer Clayton, Disabilities Specialist
Office of Accessibility Services
SUNY Orange
One Washington Center
Newburgh, NY 12550
845 341-9034
Fax: 845 220-4063
Email: jennifer.clayton@sunyorange.edu