



Disability Verification
For Students with a Physical or Emotional Disability to be Completed
by Psychiatrist/Psychologist/Diagnosing Physician

Eligibility requirements for support services for students with physical or emotional disabilities:

1. Student provides verification of diagnosis and severity.
2. Student is assessed as having a functional limitation in the educational setting.
3. Diagnosing professional provides specific recommendations for accommodation.

To ensure the provision of reasonable and appropriate services for students with a physical or emotional disability at the University of Tulsa, students needing such services are required to provide current and comprehensive documentation of their disability. This documentation should include information that describes the condition, the functional difficulties and limitation for an educational setting, indicates the severity and longevity of the conditions, and offers recommendations for accommodation. To facilitate the gathering of such critical information, we ask that you respond to the following questions.

Please provide the following information about _____

Signature of student requesting release of information to The University of Tulsa:

Medical Diagnosis or DSM-IV Diagnosis:

Level of Severity (Circle one and describe if appropriate):

Mild: _____

Moderate: _____

Severe: _____

Date of Diagnosis: _____

Last contact with student: _____

Procedures and observations used to make the diagnosis. (Please attach diagnostic report):

Describe symptoms shown by this student which meet the criteria for this diagnosis with approximate date of onset: _____

Describe this student's functional limitations in an educational setting: _____

What measures were used to assess current educational achievement (if applicable): _____

What recommendations do you make regarding effective academic accommodations to equalize this student's educational opportunities at post-secondary level? (Describe services/accommodations in exam administration, classroom or study activities, course requirements, transportation or adjustment of the classroom physical environment.)

Provide a medication or treatment history related to this disability. _____

Is this student currently on medication or receiving treatment? _____
Does this medication need to be monitored locally? _____
Does this student continue to need the above services or accommodations when utilizing any recommended medications? _____

In addition to the diagnostic report, please attach other information relevant to this student's academic adjustment.

Signature: _____

Print Name and Title: _____

Address: _____

Phone : _____ Date: _____

**PLEASE RETURN
DIRECTLY BY
MAIL OR FAX TO:**

Jane R. Corso, Ph. D., Director
Center for Student Academic Support
University of Tulsa
600 South College Avenue
Tulsa, OK 74104
918-631-3459