

Medical Verification Form

Baker University – Office of Access Services

In order to determine your eligibility to receive accommodations and support services, the law requires specific information from you and your health-care provider. You must sign the release of information below giving Baker University staff permission to speak with your provider to answer questions related to your documentation. You must complete Page 1, and your provider must complete Pages 2-5. The entire verification form should be returned to the address listed on Page 5.

Student completes this section:

Student name:

(Last) (First) (Middle)

Birth date: _____ Gender: ☐ Male ☐ Female

Are you currently enrolled at Baker University?: _____ Current semester standing: _____

Home address: _____

Home phone #: _____

Local address: _____

Local phone #: _____ E-mail address: _____

Authorization to Receive Information

I authorize the Office of Access Services to *receive* information *from* the provider below. I also authorize my provider to discuss my condition(s) with the Office of Access Services.

Name of provider: _____

Address (Street, City, State, and ZIP code):

Student's signature: _____ Date: _____

Student's Name:

Social Security Number: _____

Provider Completes the Section Below

Baker University provides accommodations and support services to students with diagnosed disabilities. A student's documentation regarding his or her condition must demonstrate that he or she has a disability covered under the Americans with Disabilities Act (ADA, 1990). **The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities.** To determine eligibility for services and accommodations, this office requires current and comprehensive documentation of the student's disorder from the diagnosing physician or health-care provider. **The provider completing this form cannot be a relative of the student. Items 1-7 must be completed in full.** If the space provided is not adequate, please attach a separate sheet of paper. The provider should attach any reports that provide additional related information (e.g., psycho-educational report and test scores, psychological test results, etc.).

Illegible forms may delay the process for the student.

1. What is the student's diagnosis?

a) How long has the student had this condition?

b) What is the severity of the condition? Please check one: ☐ Mild ☐ Moderate ☐ Severe
Please explain severity:

2. Please check which of the major life activities listed below are affected by the diagnosed learning disability. Please indicate the level of limitation.

Life Activity	Little to No Impact	Moderate Impact	Substantial Impact	Don't Know
Concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing internal distractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Managing external distractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizing ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timely submission of assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending class regularly and on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making and keeping appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please state the following:

a) Date of first contact with student:

b) Date of last contact with student:

c) Frequency of appointments with student:

3. Describe the differential diagnoses that were excluded. State your reasons for considering these diagnoses and your reasons for ruling them out.

4. Explain how the symptoms related to the student's condition cause significant impairment in a major life activity (e.g., in a classroom setting).

5. List this student's current medication(s), dosage, frequency, and adverse side effects (if applicable for the above-mentioned diagnosis).

- a) Do the prescribed medications directly limit the student's ability to function?
☐ Yes ☐ No

- b) If yes, please explain:

6. Please state specific recommendations regarding accommodations for this student and a rationale for why these accommodations are warranted based upon the student's functional limitations. Indicate why the accommodations you recommend are necessary (e.g., if you suggest a notetaker, state the reasons for this request related to the student's condition).

7. If current treatments (e.g., medications) are successful, why are the above accommodations necessary?

The provider must send a description of the diagnostic criteria or listing of the diagnostic testing conducted. The description should include a list of the diagnostic tests utilized, a list of the results of the diagnostic procedures and tests, and the dates they were administered. The following list is provided as a resource, but is not intended to be definitive or exhaustive:

- **Aptitude:**
 - Wechsler Adult Intelligence Scale – Revised (WAIS-R)
 - Woodcock-Johnson Psychoeducational Battery – Revised: Tests of Cognitive Ability
 - Kaufman Adolescent and Adult Intelligence Test
 - Stanford-Binet Intelligence Scale (4th ed.)
 - The Slosson Intelligence Test- Revised and the Kaufman Brief Intelligence Test are primarily screening devices that are not comprehensive enough to provide the kinds of information necessary to make accommodations decisions
 - Halstead-Reitan Neuropsychological Battery (Complete battery often is not indicated unless a head injury or suspicion of some other cognitive dysfunction exists)

- **Academic Achievement:**

- Scholastic Abilities Test for Adults (SATA)
- Stanford Test of Academic Skills
- Woodcock-Johnson Psychoeducational Battery – Revised: Tests of Achievement
- Wechsler Individual Achievement Test (WIAT)

or specific achievement tests such as:

- Nelson-Denny Reading Skills Test
- Stanford Diagnostic Mathematics Test
- Test of Written Language – 3 (TOWL-3)
- Woodcock Reading Mastery Tests – Revised

Specific achievement test are useful instruments when administered under standardized conditions and interpreted within the context of other diagnostic information. The Wide Range Achievement Test – 3 (WRAT-3) is not a comprehensive measure of achievement and therefore is not useful if used as the sole measure of achievement.

- **Information Processing**

Acceptable instruments include the Detroit Tests of Learning Aptitude – 3 (DTLA-3), the Detroit Tests of Learning Aptitude – Adult (DTLA-A), information from subtests on WAIS-R, Woodcock-Johnson Psychoeducational Battery – Revised: Tests of Cognitive Ability, as well as other relevant instruments.

The provider completing this form cannot be a relative of the student.

Signature of provider

Date

License # _____ State _____

(Please Type)

Name/Title: _____

Address: _____

Phone: _____

Please Return completed form to:

Student Academic Success

Attn: Kathy Wilson

Baker University

618 Eighth Street

Baldwin City, Kansas 66006

Phone: 785-594-8352

Fax: 785-594-8367