THE COLLEGE OF
WOOSTER

Disability Information and Verification Form
APEX ● Learning Center

Information and Instructions:
The Learning Center provides academic services and accommodations for students with diagnosed disabilities. The documentation provided regarding the diagnosis must demonstrate a disability covered under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990. The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities.

In order to register with the Learning Center, students are required to provide documentation from a qualified professional. Depending on the nature of a student's disability, qualified professionals could include a medical doctor, psychiatrist, psychologist, etc. All documentation must be current and relevant.

To facilitate the documentation process, the Learning Center has provided this Disability Information and Verification form to be completed by the student (Section 1) and a qualified professional (Sections 2-3). As you complete the form and compile other documentation, please note the following:

1. Thoroughly complete the form. Inadequate information, incomplete answers and/or illegible handwriting will delay the eligibility review process by necessitating follow up contact for clarification.

2. The qualified medical professional should attach any reports which provide information regarding the disability diagnosis (e.g. psychoeducational assessments, neuropsychological test results, etc.). **If a comprehensive diagnostic report is available that provides the requested information, copies of that report can be submitted for documentation in lieu of this form as long as the report addresses and answers questions included in this form.**

3. Individualized Education Programs (IEPs), 504 plans, and letters from qualified medical professional(s) may also be submitted but are not sufficient documentation without completion of this form OR submission of comprehensive diagnostic reports.

The information you provide will not become part of the student's college records. Rather, the documentation will be kept in a student's confidential file in the Learning Center and will only be disclosed with the student's permission or otherwise permitted or required by law. The student will have access to the information in his/her file.

Students should submit this form and any other documentation for accommodation services on the College of Wooster's Clockwork Portal. This registration will serve as official notice to the college of ADA accommodation needs. The Clockwork Portal is found on the Learning Center's website at https://clockwork.wooster.edu/ClockWork/custom/misc/home.aspx.

If you have questions regarding this form or documentation, please call the Learning Center at 330-263-2595.

THE COLLEGE OF
WOOSTER

Disability Information and Verification Form
APEX ● Learning Center

SECTION 1: STUDENT INFORMATION (to be completed by student)

First Name _____ MI_____ Last_____

Date of Birth_____ Class Year: _____

Status (check one) □ current student □ transfer student □ admitted student

Cell phone (_____) - _____ - _____

Address _____

_____

Wooster email address _____ @wooster.edu

Other email address _____

Important: After documentation is reviewed, the Learning Center will send an email notification to the student's Wooster email account, acknowledging receipt of documentation and the student's eligibility status.

THE COLLEGE OF
WOOSTER

Disability Information and Verification Form
APEX ● Learning Center

SECTION 2: DIAGNOSTIC INFORMATION (to be completed by qualified professional)

1. Student Name: _____
2. First date of contact with student: _____
3. Last date of contact with student: _____
4. Is the student/patient currently under your care? □ Yes □ No
5. Primary Diagnosis and Date of Diagnosis: _____
   _____
6. Secondary Diagnosis and Date of Diagnosis: _____
7. What is the severity of the disorder? □ Mild □ Moderate □ Severe
8. Describe symptoms that meet the criteria for this diagnosis. Please attached test results and diagnostic reports.

9. If applicable, describe relevant history of remediation (i.e. pharmacological, medical devices, etc. Include information about current medications and other treatment plans, including the effectiveness of such efforts and potential adverse side effects.

10. Describe the expected duration and/or progression of the disorder. If applicable, please include information about fluctuation of symptoms.

THE COLLEGE OF WOOSTER

Disability Information and Verification Form
APEX ● Learning Center

FOR DIAGNOSES INVOLVING DSM-V DIAGNOSIS

In addition to DSM-V criteria, how did you arrive at your diagnosis? Please check all relevant items below, adding brief notes that you think might be helpful to use as we determine which accommodations and services are appropriate for the student.

□ Structured or unstructured interviews with the student:

□ Interview with other persons:

□ Behavioral observations:

□ Developmental history:

□ Educational history:

□ Medical history:

□ Neuro-psychological testing, including name(s) and date(s) of testing:

□ Psycho-psychological testing, including name(s) and date(s) of testing:

□ Standardized or non-standardized rating scales:

□ Other (please specify):

THE COLLEGE OF
WOOSTER

Disability Information and Verification Form
APEX ● Learning Center

11. To the extent possible, please provide information about how the student's disorder may affect the student with respect to various life activities.

Life Activity	No Impact	Mild Impact	Moderate Impact	Severe Impact	Don't Know
seeing	☐	☐	☐	☐	☐
hearing	☐	☐	☐	☐	☐
speaking	☐	☐	☐	☐	☐
sitting	☐	☐	☐	☐	☐
standing	☐	☐	☐	☐	☐
walking	☐	☐	☐	☐	☐
breathing	☐	☐	☐	☐	☐
eating	☐	☐	☐	☐	☐
sleeping	☐	☐	☐	☐	☐
lifting	☐	☐	☐	☐	☐
performing manual tasks	☐	☐	☐	☐	☐
performing self-care tasks	☐	☐	☐	☐	☐
learning	☐	☐	☐	☐	☐
thinking	☐	☐	☐	☐	☐
concentrating	☐	☐	☐	☐	☐
managing external distractions	☐	☐	☐	☐	☐
managing internal distractions	☐	☐	☐	☐	☐
initiating to work (activating)	☐	☐	☐	☐	☐
sustaining focus	☐	☐	☐	☐	☐
remembering (memorizing)	☐	☐	☐	☐	☐
managing stress	☐	☐	☐	☐	☐
making/keeping appointments	☐	☐	☐	☐	☐
submitting assignments in a timely manner	☐	☐	☐	☐	☐
sensory functioning/integrating	☐	☐	☐	☐	☐
attending class (regularly/on time)	☐	☐	☐	☐	☐
understanding directions	☐	☐	☐	☐	☐
communicating	☐	☐	☐	☐	☐
social interactions	☐	☐	☐	☐	☐
writing (manual writing)	☐	☐	☐	☐	☐
writing (written expression)	☐	☐	☐	☐	☐
reading (visually)	☐	☐	☐	☐	☐
reading (comprehension)	☐	☐	☐	☐	☐

THE COLLEGE OF
WOOSTER

Disability Information and Verification Form
APEX ● Learning Center

12. In addition to those mentioned above, please describe if there are any other functional limitations of this disorder for this student in an educational setting.

13. Describe any recommendations that you may have regarding academic accommodations or auxiliary aids for this student.

14. Describe whether there are particular situations or environmental conditions that would exacerbate the disorder of the student's symptoms.

15. Please provide any other information that you think would be useful to know in working with the student to establish reasonable accommodations for his/her disability.

THE COLLEGE OF
WOOSTER

Disability Information and Verification Form
APEX ● Learning Center

Section 3: Qualified Provider Information

By signing below, you agree that the above information is accurate to the best of your knowledge and provided in accordance with your best professional judgment.

Provider Signature _____

Provide Name (Print) _____

Date _____

Title_____

License # _____

Address _____

Phone Number _____

Email _____