



Disability Verification Form

Student Affairs provides accommodations for students with diagnosed disabilities as required by applicable law. The purpose of this form is to assist treating professionals in documenting a student’s disability to determine reasonable accommodation eligibility and to recommend accommodation(s). Return the completed form to Student Affairs at studentaffairs@saybrook.edu.

To be completed by the student:

First Name:

Last Name:

Date of Birth:

Student ID:

Phone Number:

Student Email:

I request that the professional designated below complete this form.

Provider Name:

Title, License or Certification #:

Address:

City:

State:

Zip:

Phone Number:

Fax Number:

Email:



To be completed by the above Licensed or Certified Professional:

Where applicable, please provide the following information in full to verify the disability and make recommendations for reasonable accommodations to support this student.

*Note: **Please complete all parts of this form as thoroughly as possible.** Inadequate information, illegible handwriting, or missing fields may delay the eligibility review process by necessitating follow-up contact for clarification. We invite you to attach any other documents or information you think would be relevant in determining the student's accommodations to this form.*

1. Diagnosis of Disability:

2. Date of Diagnosis:

3. What is the severity of the disability? Mild Moderate Severe

4. Please describe how the student's diagnosed disability(ies) impacts them in an educational environment.

5. Please state *specific recommendations* regarding accommodations for this student:

Verifying Professional Signature:

Date:

If you have any questions or concerns regarding this form, contact studentaffairs@saybrook.edu.