



Disability Support Services

Phone: 443-518-1300

Email: DisabilitySupport@HowardCC.edu

Website: HowardCC.edu/DSS

Physical/ Medical Disability Verification Form

Under the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual is covered under the law, documentation must indicate that a disability exists, and the disability substantially limits one or more major life activities. A diagnosis of a disorder does not automatically qualify an individual for accommodations; documentation must also support the request for reasonable academic accommodations.

After completing this form, please return it to the requesting student. The student is responsible for uploading the documentation to the DSS office's Accessible Information Management System (AIM).

To be completed by a licensed health care provider who is an impartial evaluator and not a family member or in a dual relationship with the student, and has the authority to diagnose the condition(s) discussed on this form.

Student Information

Student's Name:

Student's Date of Birth:

Date student was first seen:

Date student was last seen:

Licensed Professional

Provider Name (Printed):

Title/Degree/Field:

Credentials and State License #:

Signature:

Today's Date:

Address:

Telephone:

Section 1: Verification of Disability

Is the student's condition, as they currently experience it, classified as a disability

No Yes (If no, there is no need to continue further with this form)

Diagnosis(es) and Diagnostic code(s):

Section 2: Duration of Associated Functional Limitations (please select)

Permanent, continuous: Ongoing functional limitations that will impact the student over the course of their academic career and are unlikely to change.

Permanent, episodic: Periods of good health interrupted by periods of illness or disability over the course of their academic career.

Temporary: These functional limitations are temporary, or the severity may change, and should be reassessed in the future. Student to be reassessed by: ___/___/_____

Provisional: I am still monitoring/assessing the student. Assessment likely to be completed by: ___/___/_____

Describe the expected progress or stability of the disability:

Section 3: Diagnostic Methods

Medical Tests (w/dates):

Student self-report:

Relevant Medical History:

Other:

Section 4: Current Treatment

What medication(s) is the student currently taking? Do limitations persist, even with medication? How might side effects, if any, affect the student's academic experience?

Please list any coexisting conditions that should be considered when determining accommodations. Provide diagnosis, dates of prior testing and name of evaluator.

Relevant additional information that has impacted the student within the last 12 months (such as compliance, persistence of symptoms, or significant life events)

Section 5: Academic Accommodations

Please Note: Accommodations at the college level are intended to provide access rather than ensure success. DSS may find that the recommended accommodation is not appropriate and could propose a reasonable alternative. Accommodations such as modification to attendance and extended deadlines are rarely considered reasonable at the college level.

What reasonable accommodations would you support and why?

Is there anything else you think we should know about the student's disability and their ability to function academically and socially in a college environment?