

Dear Health Care/Mental Health Provider,

A student at our university has indicated they are a patient/client of yours. They have requested that documentation be sent to our office to verify they have a disability and to be utilized in the evaluation for, and approval of adjustments/accommodations in the collegiate environment. The staff with Student Accessibility Resources (SAR) have been vested by the institution with authority to evaluate and approve these adjustments/ accommodations for students with diagnosed and documented disabilities. Such requests are evaluated to determine if they will ensure students with disabilities in the post-secondary setting have equal access to the environment and educational opportunities of the university.

We have developed the following form to assist providers in providing the degree of information needed for this request. Please provide a signed, detailed explanation of their condition and its effect(s) on their functioning as it relates to the collegiate environment. Documentation should validate the need for reasonable accommodations and services based on the individual's current impact of the disability on the level of functioning in the academic setting.

Generally, we accept documentation from providers in the State of West Virginia or the student's home state who have personal knowledge of the student, consistent with their professional obligations. Letters purchased from the internet for a set price rarely provide the information necessary to support an accommodation request (such as those available for ESA requests*).

Some websites sell certificates, registrations, and licensing documents for assistance animals to anyone who answers certain questions or participates in a short interview and pays a fee. Under the Fair Housing Act, a housing provider may request reliable documentation when an individual requesting a reasonable accommodation has a disability and disability-related need for an accommodation that are not obvious or otherwise known. In HUD's experience, such documentation from the internet is not, by itself, sufficient to reliably establish that an individual has a non-observable disability or disability-related need for an assistance animal. (Excerpt from 2020 HUD Guidance)

This form and/or the records can be submitted via mail, email or online.

Mail

Disability & Accessibility Resources
WVSU
117 Sullivan Hall East
PO Box 1000
Institute, WV 25112

Email

ada@wvstateu.edu

Online

<http://bit.ly/sar-doc-submit>

Thank you in advance for your attention to this matter.

Sincerely,



Michael Casey, MS, CRC, CDF, LCAS
Director of Disability and Accessibility Resources



WEST VIRGINIA STATE UNIVERSITY

Disability & Accessibility Resources

Disability Verification Form

This form has been developed to assist the professional staff with the Disability and Accessibility Resources unit in obtaining the specific information from the treating or diagnosing healthcare professional that is required to evaluate an individual's eligibility for the requested accommodations. The provider need not use this specific form, but all the information requested here is necessary for the institution to consider the request; the form is provided as a convenience. The provider can provide a letter and include any reports which provide all of the requested information in lieu of this form.

- A. The information provided should detail as thoroughly/comprehensively as possible:
- a clear indication regarding how the impairment results in a significant limitation to the student's current or future functioning within the collegiate environment
 - the current substantial functional impacts described either explicitly or through the provision of specific results from diagnostic procedures *–in the areas of on physical, perceptual, cognitive, and/or behavioral abilities*
- B. Attach any reports which provide additional related information you think would be relevant to the student's adjustment to and functioning within the collegiate environment.

Information provided will be kept in the individual's file within the Disability and Accessibility Resources unit, where it will be held securely and confidentially.

If you have questions regarding this form, please contact the Disability and Accessibility Resources office at 304-766-3083 or ada@wvstateu.edu.

Thank you for your assistance as we evaluate the student's request.

STUDENT INFORMATION

Student should complete this page prior to this form being given to the healthcare provider.

Full Name: _____

WVSU ID# _____ Date of Birth: _____

Type of accommodation request (check all that apply):

- General academic accommodations (ie extended test time, note-taking assistance, etc)
- Attendance/Deadline flexibility
- Housing, single occupancy
- Housing, ESA
- Dining services/food allergy

By signing below, I consent to allowing my healthcare provider to share any information relevant to my need for my requested accommodation(s) with personnel with Disability and Accessibility Resources at West Virginia State University for 60 days from the date signed.

Student Signature

Date

DISABILITY VERIFICATION FORM

(Healthcare provider completes the sections which follow - please write legibly or type)

Information About Your Professional Relationship with the Student

DOCUMENTATION GUIDANCE FOR CLINICIAN

Documentation of disability must come from a source with sufficient direct personal knowledge of the individual to clarify the need for the ESA and the nexus between the disability and the presence of the animal in housing. Describe your professional, clinical relationship with the individual for the condition on which you are basing your recommendation of the requested accommodation(s).

- 1) What is the general nature of your relationship?
 - primary care
 - specialty care
 - crises intervention or trauma aftermath therapy of 1-4 sessions
 - single session to review the need for the requested accommodation
 - file review from another treating professional and confirming interview
 - other (describe)

 - limited/short-term treatment
 - ongoing/long-term treatment
- 2) Does the student require ongoing treatment?
 - Yes
 - No
- 3) How many appointments/sessions have you had with the student?
 - 1-2
 - 3-5
 - 5-10
 - > 10
- 4) When did you first meet with the student regarding this diagnosis? _____ / _____ / _____
- 5) When did you last interact with the student regarding this diagnosis? _____ / _____ / _____

Information About the Student's Disability

DOCUMENTATION GUIDANCE FOR CLINICIAN

Federal law defines a person with a disability as someone who has a physical or mental impairment that substantially limits one or more major life activities. That suggests that a diagnosis (label) does not necessarily equate with a disability (substantial limitation). As a clinician, based on your professional training, scope of practice, ethical considerations and professional judgment, does the individual have an impairment that results in significant limitations in one or more major life activities?*

- 1) Date of onset/original diagnosis and & most current diagnostic evaluation: _____ / _____
- 2) Expected duration of disorder/disability - Permanent 6-24 months < 6mos
- 3) What is the severity of the primary diagnosis? Mild Moderate Severe
 - a) How is the student substantially limited in a major life activity?

 - b) Describe the duration, stability, and/or progression of the condition.

6) **Major Life Activities Assessment:**

- Check any of the following major life activities impacted by the impairment/diagnosis.
- Indicate severity of limitations.

Life Activity	Negligible	Moderate	Substantial	Not Sure
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"/>
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"/>
Regular class attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning	<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"/>
Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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"/>
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"/>
Sleeping	<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"/>
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing manual tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Information – Modified Attendance Policy

DOCUMENTATION GUIDANCE FOR CLINICIAN

An accommodation related to attendance, participation and/or assignment deadlines is usually considered when a qualified student with a disability experiences unpredictable exacerbations of symptoms which may make it difficult to meet the attendance and participation expectations of a particular course.

The following are generally not considered reasonable accommodations:

- *A complete waiver of attendance as regular attendance in classes is considered paramount to a student's success in our courses.*
- *A blanket extension for assignment deadlines as timely completion of assignments is often essential for both the pace of the course and the understanding of the material.*

In general, the extent of the flexibility considered is –

- *a couple of absences beyond what an instructor may have indicated in the course policy*
- *a few days beyond the deadline for a particular assignment or arrangement for an alternate test date.*

Any of the aforementioned modifications will usually be limited to one or two instances for a particular course during a given semester.

1) Regarding attendance and class participation, explain –

- the disability related rationale and reasons regarding why the student might not be able to abide by a course's stated attendance or participation policy
- how is it/are they correlated with the specific, identified functional and major life activities limitations

2) Regarding extending assignment deadlines, explain –

- the disability-related rationale and reasons why the student may not be able to meet deadlines
 - how is this student's situation disability-related versus the time management challenges any student juggling multiple life circumstances might have in getting the work done in a timely manner?
 - how is it related to the functional limitations of their condition?
- if the issue with deadlines is related to acute exacerbations or a more chronic state

Additional Information – Housing (Single Occupancy)

DOCUMENTATION GUIDANCE FOR CLINICIAN

As a four-year university with residential options, learning to live in a community and share space with others can be an integral part of students' educational experience. A standard housing assignment is either in a suite of single occupancy bedrooms with a common space and shared bathroom or a two-person sleeping room with bathroom facilities shared by an adjoining room.

Accommodations in the residential environment are not granted based on a preference/desire for a particular type of location or for a desire for a quiet, undisturbed place to study. This accommodation is for those circumstances when it is determined that a standard residential assignment is not a viable option for the student to be able to use and enjoy the residential setting.

- 1) What is/are the reasons(s) the student cannot share communal living space and/or a bathroom with others in the dormitory generally or with roommates/suitemates specifically?

- 2) Describe the rationale for a single occupancy space being prescribed or recommended at this time.

- 3) What consequences, in terms of impairment symptomology, may result if the accommodation is not approved? What are the specific negative impacts of the person's not having the request accommodation available to them?

Additional Information – Housing and Proposed ESA

DOCUMENTATION GUIDANCE FOR CLINICIAN

The practical limitations of our housing arrangements make it necessary to carefully consider the impact of the request for an ESA on both the student and the campus community. As a mental health clinician, in your judgement and based on your comprehensive assessment which allows you to describe the exact nature of the disability and how the presence of the animal impacts that disability –

how do you believe the recommended animal serves a role in mitigating the impacts of the disability in ways that go beyond the benefits the typical individual receives from a pet?

1) Specific animal (breed, sex, age, etc) _____

2) Dogs and cats are most often requested as ESAs, and seem best suited to adapting to the communal living setting of the college residence hall. If another type of animal is being suggested for this student, please explain why you believe that animal is a better choice.

3) Have you directly observed the human-animal interaction for this individual and their proposed support animal to determine there is a beneficial impact directly related to the individual's disability and their disability related impairment?

Yes

No

4) Have you reviewed collateral sources of information (from a veterinarian, animal behaviorist, etc) regarding the animal's temperament and likely behavior in novel, potentially stressful environments?

Yes

No

5) Have you discussed the responsibilities associated with properly caring for an animal while engaged in typical college activities and residing in campus housing?

Yes

No

6) Do you believe those responsibilities might exacerbate the student's symptoms in any way?

Yes

No

7) Do the responsibilities of caring for the animal in this context represent challenges that need to be considered or addressed in a particular way?

Yes

No

8) Describe the rationale for the ESA being prescribed/recommended including why and how it will have a beneficial effect such that the individual needs the presence of the animal to remain psychologically stable and is beyond the level of alleviating discomfort, the individual's attachment to, or the individual just wanting to be with the animal.

Additional Information – Dining services/food allergy

DOCUMENTATION GUIDANCE FOR CLINICIAN

The person named on this form is requesting accommodations from Student Accessibility Resources, which offers services to students who are considered disabled under the mandates of Section 504 of the Rehabilitation Act of 1973 Americans with Disabilities Act Amendments Act (ADAAA) revised in 2008. Under the ADAAA guidelines a person with a disability is one with a physical, mental, emotional or chronic health impairment that substantially limits one or more major life activity such as caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

- 1) What are the specific food allergies or intolerances (mild/dairy, eggs, peanuts, tree nuts, shellfish, wheat/gluten, etc.)?

- 2) Is there any history of hospitalization related to the allergies/intolerances? Yes No

- 3) Describe the functional impact of symptoms in the academic setting:

- 4) Describe the functional impact of symptoms in the residence hall setting:

- 5) Describe the functional impact of symptoms in the dining hall setting:

- 6) Suggest potential meal plan accommodations as related to the nature of the condition. Include information about foods to be omitted and appropriate substitutions, contamination, preparation, storage, and seasoning.

Additional Information – General

1) Any additional information you want to share regarding this request.

HEALTHCARE PROVIDER INFORMATION

(Please sign and date below and completely fill in all other fields using PRINT/TYPE/STAMP)

Provider Signature:		Date:	
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License type:		License #:	
Provider name (print):			
Title:			
Address			
Phone #:		Fax #:	
Email			

This form and any related records can be submitted via mail, online, or email.

Mailing address: Disability and Accessibility Resources
WVSU
117 Sullivan Hall East
PO Box 1000
Institute, WV 25112

Online: <http://bit.ly/sar-doc-submit>

Email: ada@wvstateu.edu