VERIFICATION OF DISABILITY CHECKLIST

This is ONLY a guide for providers to understand the requirements that should be embedded in the provider's recommendation letter!

Purpose: The information you provide will be used to determine the nature and severity of the student's condition and the appropriateness of requested accommodations or services. Please take the time to review this form in its entirety and be as detailed as possible.

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Recommended Accommodations:

Identify any accommodations you believe may be necessary in order for the student to participate in the University's programs, activities and services (please be specific, For example if you are recommending a learner be given breaks during examinations and/or class time, please quantify the times in the provider's letter - 2 ten minute breaks every 60 minutes)

- Name of Treating Healthcare Professional:
- Specialty:
- License # and State:
- Address:
- Telephone:
- Signature (verifying that you are not related to the student by blood or marriage)

All documentation should be submitted by the provider and NOT the learner. Providers should email all supporting medical documentation to the Office of Inclusive Learning and Accessibility Services @oilas@msm.edu with the subject being the learner's full name from HIPPA a secured email account.

If you have any questions, please do not hesitate to contact our office (@oilas@msm.edu). All information provided to us is kept confidential in accordance with the Family Educational Rights and Privacy Act (FERPA). Thank you for your assistance.