

REASONABLE ACCOMMODATION VERIFICATION FORM
FOR THE ACADEMIC SETTING

Student Name: _____

Student ID #: _____ Student DOB: _____

The Berry College Accessibility Resources office is responsible for providing reasonable accommodations to students with disabilities who have a verifiable need for the reasonable accommodation. In order to evaluate requests for accommodations or auxiliary aids under the Americans with Disabilities Act and under Section 504 of the Rehabilitation Act of 1973, students must provide adequate documentation to our office. A reasonable accommodation is an exception to the usual rules, policies, practices, or services that a resident with a disability may need to have an equal opportunity to use and enjoy College housing. Please provide specific information on how the diagnosis and resulting limitations are likely to affect college work.

PLEASE REVIEW YOUR FILES, SEND ORIGINAL TESTING/DIAGNOSTIC DOCUMENTATION AND/OR RESPOND IN DETAIL TO THE FOLLOWING QUESTIONS:

1. What is (are) your patient's diagnosis(es)? (International Classification of Diseases (ICD 10) and/or Diagnostic & Statistical Manual Fifth Edition (DSM-V):

2. What length of time has your patient been receiving treatment for this diagnosis with you?

3. What are the limitations this diagnosis creates for your patient? Are the limitations permanent or will there be changes over time?

4. How are the limitations likely to impact your patient in an academic setting?

5. Please indicate any medication side-effects that may affect your patient in an academic setting.

6. What recommendations do you have about how your patient could be accommodated in the academic setting?

7. Additional Comments:

Name of Verifier (please print): _____

Position of Verifier: _____

Signature of Verifier: _____ Date: _____

Address: _____

License #: _____ Telephone #: _____