



Office of Accessibility Services

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Disability Verification Form for Reasonable Accommodations

The Americans with Disabilities Act (ADA) and the ADA Amendments Act of 2008 define disability as a physical or mental impairment that substantially limits one or more major life activity and has an expected duration of not less than 6-8 weeks.

Hood College makes reasonable accommodations for students who require them due to disabilities. All requests are considered. Appropriate supporting documentation is required. We accept disability documentation from healthcare providers in or near the state of Maryland and/or the student's home state who have an established relationship with the student.

Please note that a diagnosis alone does not automatically qualify a student for accommodations. The information on this form should identify a disability, describe its current impact and address how the impairment substantially limits a major life activity.

The student named below has indicated that you are the healthcare provider who has recommended that an accommodation will help alleviate one or more of the symptoms of the student's disability and is part of their treatment plan. To assist us in evaluating the student's request, please complete the following and return by mail, email, or fax.

PART I: STUDENT INFORMATION			
Student Name:		Student Date of Birth:	
Date student was first seen:	Date student was last seen:	How often do you see this student?	
		<input type="checkbox"/> Weekly	<input type="checkbox"/> Monthly
PART II: PROVIDER INFORMATION			
Provider Name:		License/Credential:	Licensing State:
Provider Street Address:		Provider Email Address:	Provider Phone Number:
Provider Signature:		Today's Date:	

PART III: VERIFICATION OF DISABILITY

Please list all diagnosed disabilities (with DSM-V/ICD-10) for your patient/client that pertain to this accommodation request:

Diagnosis 1:	Diagnosis 2:	Diagnosis 3:	Diagnosis 4:
DSM-V/ICD-10:	DSM-V/ICD-10:	DSM-V/ICD-10:	DSM-V/ICD-10:

Please summarize and interpret the assessment instruments (e.g. clinical interviews, rating scales, behavioral checklists, observations, etc.) used to support the diagnosis/diagnoses listed above. If preferred, please attach supporting documentation to this form.

How does/do the diagnosis/diagnoses listed above substantially limit the student's ability to perform one or more major life activity?

What treatment is the student currently engaged in for the diagnosis(es) outlined above? Select all that apply.

- Medication (list possible side effects):
- Therapy (list frequency):
- Medical equipment (list):
- Other (please describe):
- Student does not engage in treatment at this time.

How long do you anticipate the student's performance in a college setting will be impacted by the diagnosis/diagnoses?

- | | |
|---|--|
| <input type="checkbox"/> Less than 30 days
<input type="checkbox"/> One semester
<input type="checkbox"/> One academic year (two semesters)
<input type="checkbox"/> 1-2 years | <input type="checkbox"/> Ongoing
<input type="checkbox"/> Unknown |
|---|--|



PART IV: ACCOMMODATION RECOMMENDATIONS

Please complete all relevant sections.

DINING ACCOMMODATION

I am recommending a dining accommodation for this student: Yes No

Recommended Accommodation	Justification

ACADEMIC ACCOMMODATION

I am recommending academic accommodation(s) for this student: Yes No

Recommended Accommodation	Justification

HOUSING ACCOMMODATION

I am recommending housing accommodation(s) for this student: Yes No

Recommended Accommodation	Justification

ASSISTANCE ANIMAL ACCOMMODATION

I am recommending assistance animal accommodation(s) for this student: Yes No

For Service Animals:

1. What work/task has the animal been trained to perform?

For Emotional Support Animals (ESAs):

1. Please explain how an emotional support animal is necessary for the resident to use and enjoy College housing as compared to a person without a disability?
2. What concerns are there in terms of disability symptomology that may result if the ESA is not approved?
3. Is this an animal that you have specifically prescribed as part of a treatment plan for the student?
 - a. Yes No
 - b. What type of animal has been prescribed?
4. Is this a pet that you believe will have a beneficial effect on the student's mental health while in residence on campus?
 - a. Yes No
5. Have you discussed the responsibilities associated with properly caring for an animal while engaged in college activities and demands while residing in campus housing?
 - a. Yes No
6. Do you believe those responsibilities (e.g. costs, emergency care, cleaning, feeding, roommate conflicts, travel, noise, etc.) might exacerbate the student's symptoms in any way?
 - a. Yes No
7. If the animal is not a dog, cat, or other small, domesticated animal that is traditionally kept in the home for pleasure rather than commercial purposes, what unique circumstances justify the patient's need for the particular animal or particular type of animal?