



**Student Accessibility Services Verification Form**

Student Information			
Student Name		DOB	
Student Email		Phone Number	

Diagnostic Information	
List specific diagnoses	
Dates of services	
Date of diagnoses	
Procedure/assessments used for diagnoses. Attach any supporting document (evaluations, etc.)	
Severity/duration of diagnoses	
Additional comments related to the student's diagnoses. Attach pages if needed.	

Academic/Accommodations Information	
How does the student's disability and/or treatment plan impact academic performance?	
List specific recommendations for academic accommodations.	
Additional comments that may be helpful in determining accommodations. Attach pages if needed.	

Provider Information			
Provider Full Name		Title & Credentials	
Provider Signature		Date	
Email Address		Phone Number	