ACCESSIBILITY VERIFICATION FORM

Notice to applicant: This section of the form is to be completed by you. The remainder of the form must be completed by a qualified professional who is recommending accommodations for you on the basis of a diagnosed disability that falls under ADA and 504 subpart E. Please read, complete, and sign below before submitting this form to the qualified professional for completion of the remainder of this form.

Student's full name: _____

Student ID: _____

Program: _____

I authorize my qualified professional to disclose information reasonably necessary for Faulkner University's Center for Accessibility office to evaluate my accommodation request.

_____ _____

Signature of Student Date

NOTICE TO QUALIFIED PROFESSIONAL:

The above-named person is requesting accommodations for Faulkner University. All such requests must be supported by the qualified professional who conducted an individualized assessment of the student and is recommending accommodation based on the diagnosed disability.

Print or type your responses to the items below. Return this completed form and provide documentation sufficient to establish the existence of disability, current functional limitations, and the rationale for recommended accommodations.

I. EVALUATOR/TREATING PROFESSIONAL INFORMATION

Name of professional completing this form:

_____

Address: _____

Telephone: _____ Fax: _____

Organization and specialty:

License number/certification/state: _____
Dates of Evaluation/Treatment: _____

II. DIAGNOSTIC INFORMATION CONCERNING APPLICANT

1. Provide the date _____ the applicant was first diagnosed with _____.
2. Basis of documentation: ☐ Direct evaluation / treatment ☐ Review of records ☐ Other
3. Provide the date of your last complete evaluation of the applicant. _____
4. Expected duration: ☐ Permanent ☐ Temporary ☐ Episodic / Variable
5. Narrative description of current functional limitations (academically and with major life activities):

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

III. ACCOMMODATION RECOMMENDED (CHECK ALL THAT APPLY)

Material formats:	Yes or No	Provider Notes/Rationale
BRAILLE		
LARGE PRINT		
AUDIO FORMAT		
READER		
SCRIBE		
EXTENDED TIME: (indicate 50%		

or 100%)		
DISTRACTION REDUCED TESTING		
ASSISTIVE TECHNOLOGY		
PRIORITY REGISTRATION		
CAPTIONING/CART		
ACCESSIBLE FURNITURE		
HOUSING ACCOMMODATIONS		
DINING ACCOMMODATIONS		
OTHER		

ACCOMMODATION RATIONALE: explain how the requested accommodation addresses the student's functional limitations. Please provide any other information that is necessary.

_____
_____
_____
_____
_____
_____
_____
_____
_____

IV. **SUPPORTING DOCUMENTATION**: Attach documentation only as needed to support the current functional limitations and recommendations

A. Provide information that matches guidelines laid out by Faulkner University's Center for Accessibility. This information can be found on the Faulkner University Accessibility website, or the student can provide this information directly.
   - The Center for Accessibility Handbook

V. PROFESSIONAL'S SIGNATURE

I certify that the information provided is accurate to the best of my knowledge and reflects my professional opinion.

_____ _____
Signature of person completing this form Date signed

_____ _____

Title Daytime telephone number