



**STUDENT DISABILITY INFORMATION/VERIFICATION**

**TO BE COMPLETED BY DIAGNOSING PROFESSIONAL ONLY**

**Diagnosing Professional:** This is a request for medical information to enable the University of Phoenix Disability Services Office to determine reasonable accommodations in the academic environment for the student. Please provide the following information, as well as any other appropriate documentation, describing the diagnosis and recommended accommodations for \_\_\_\_\_. Supporting documentation that will be submitted as an addendum must be legible (**preferably typed**), **signed, and dated on letterhead**.

**SECTION A – Diagnosis & Limitations**

1. Please select one:  
 **Temporary** Disability  
 (beginning \_\_\_/\_\_\_/\_\_\_ and expected to last until \_\_\_/\_\_\_/\_\_\_)  
 **Permanent** Disability
2. Diagnos(es):  
 Primary Disability: \_\_\_\_\_  
 Secondary Disability(ies): \_\_\_\_\_
3. Assessment(s) used in this diagnosis and evaluation. Test scores including standard scores and/or percentiles for all normed measures should be included as well as a clinical summary. This information can be provided in separate documentation typed, signed and on letterhead.  
 \_\_\_\_\_  
 \_\_\_\_\_
4. Presenting limitations resulting from the above diagnos(es) as they pertain to the educational environment:  
 \_\_\_\_\_  
 \_\_\_\_\_
5. Will this student present any difficulty in maintaining a safe and constructive classroom environment? If so, please detail:  
 \_\_\_\_\_

**SECTION B – Accommodation Recommendations**

1. Please circle student's desired modality for these accommodations: Online | Ground | Both
2. Record of any prior or successful accommodation(s) or auxiliary aids used, including any information about specific conditions under which the accommodations were used:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Recommendations for academic accommodations, why these accommodations are needed, and how the limitations of the specific disability are accommodated:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION C – Learning and Mental Health Disabilities ONLY**

For **learning disabilities and/or emotional/mental disabilities**, supporting information should include: a) developmental, medical, psycho-social, employment and family history, as *appropriate*; b) test scores, evaluation(s), determining test(s) and date of testing; c) clinical summary which may include the following:

1. Demonstration of ruled out alternative explanations for academic problems
2. Indication of how patterns in the student's cognitive ability, achievement and information processing reflect the presence of a learning disability
3. Indication of the substantial limitation to learning or other major life activity presented by the learning disability and the degree to which it impacts the individual in the learning context for which accommodations are being requested

This information should be provided in separate documentation typed, signed and on letterhead.

Number of additional pages included: \_\_\_\_\_

***Thank you in advance for your prompt attention to this request. Please return the information to the following address by \_\_\_\_\_.***  
(Date)

\_\_\_\_\_  
**Diagnosing Professional Printed Name (Title, Licenses, Credentials)**

\_\_\_\_\_  
**Diagnosing Professional Signature Date**

**PLEASE RETURN TO: Campus disability services advisor**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address Cont.: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_