



Disability Services

Center for Academic Enrichment
Office of Student Success

PROVIDER VERIFICATION OF PHYSICAL / MEDICAL DISABILITY

Student Name: _____ **Student ID:** _____

To the Student:

The form below the line must be completed by your medical provider who is qualified to diagnose and treat your disability. Luther College Disability Services reserves the right to request additional documentation or contact your provider for additional information. If this form is completed by anyone other than a qualified licensed professional, the information will not be used to support your accommodation request. Inaccurate and incomplete documentation may hinder the College's ability to accommodate you based on its policies and procedures.

Please sign the box below to give your medical provider authorization to release information to Disability Services.

<p>I, _____, authorize my medical provider to release to Luther College <small>Printed Student Name</small></p> <p>Disability Services the medical information requested on this form for the purpose of determining appropriate accommodations for my disability while a student at Luther College.</p> <p>Patient Signature: _____ *Date: _____ <small>Student Signature</small></p> <p>*This authorization and consent will expire one year from the date of authorization.</p>

The section below is to be completed by the medical provider.

<p>The above is a student of Luther College. The student has requested a reasonable accommodation for a disability under the Americans with Disabilities Act (ADA) and has identified you as the treating physician. To assist Luther College in evaluating this request, please answer the following questions. Please provide specific and detailed answers to these questions, using additional sheets where necessary. The information you provide will be confidential.</p>	
PART I: Questions to Determine whether a student has a disability.	
Are you the student's primary care provider?	Yes <input type="checkbox"/> No <input type="checkbox"/>
How long has the student been under your care?	
Have you examined the student for the disability relating to their request for a reasonable accommodation?	Yes <input type="checkbox"/> No <input type="checkbox"/>



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If yes, please provide date(s) of examination:
Does the student have a documented disability as determined by ADA? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is the specific disability?
PART II: Questions to determine whether an accommodation is needed.
A student with a disability is entitled to reasonable accommodations only when needed because of barriers from a disability as defined by the ADA. The following questions may help determine whether the requested accommodation is needed because of the disability.
Does the impairment substantially limit a major life activity as compared to most people in the general population? Yes <input type="checkbox"/> No <input type="checkbox"/>
State a minimum of one major life activity of the student that limits their ability to function due to the student's diagnosed disability.
What function(s) of collegiate life is the student having trouble performing or accessing because of their diagnosed disability?
Is this a short-term or long-term condition?
PART III: Questions to help determine effective accommodation options.
If a student has a disability and needs an accommodation, the college must consider a reasonable accommodation, unless the accommodation poses an undue hardship or it is a fundamental alteration to the course. The following questions may help determine effective accommodations:
Do you have any recommendations regarding possible accommodations for Disability Services to consider? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what are they?
What additional support(s) is the student receiving to help overcome these barriers?



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How would your recommendations specifically mitigate the student’s disability and improve their educational performance?

PART IV: Please provide any other comments that may be helpful for Disability Services to determine if the student is eligible for the specific recommendations:

I certify that the above-named patient (student at Luther College) needs reasonable accommodations as described above due to a diagnosed disability. My signature verifies that I am currently treating this patient, and that the above information is true and accurate.

*Medical Provider Signature:	*Date:
*Medical Provider Name: <small>(please print)</small>	*Office Telephone Number:
*License #:	*Facility Name or Private Practice:
*Address: (Include Street name, City, State, & Zip Code)	

Thank you for taking time to complete this information. Please return this form (and any additional information or attachments) directly to Disability Services via fax at 563-387-1411 or mail to Disability Services at the address below.

Dr. Ann Smith, Assistant Dean & Director of Disability Services, Ms. Delaylah Sanchez, Accommodations Coordinator; Luther College | Preus Library 108, 700 College Drive, Decorah, IA 52101. Email: disabilityservices@luther.edu Phone Number: 563-387-1270.