

Verification of Disability

Augsburg University

Center for Learning and Accessible Student Services (CLASS)

2211 Riverside Avenue, CB 57, Minneapolis, MN 55454
612-330-1053 (main desk), 612-330-1137 (fax), class@augsborg.edu

The completed form can be emailed to class@augsborg.edu, faxed to (612)330-1137, or mailed to the CLASS Office, 2211 Riverside Ave, CB#57, Minneapolis, MN 55454.

The student named below is requesting accommodations due to the impact of a disability. To evaluate that request, our office is asking that the following form be completed by a qualified professional who has first-hand knowledge of the student's condition and is an impartial individual not related to the student.

The provision of academic adjustments and/or reasonable accommodations is based on an assessment of the interaction between the current impact of the student's disability and barriers they may face in the postsecondary environment as a result.

It should be noted that academic accommodations are intended to ensure access to educational opportunities for students with disabilities, not to make adjustments that would fundamentally alter the nature of courses, course components, or course requirements.

Student Information

Student: Last Name: _____ First: _____ MI: _____

Date of Birth: ____/____/____ Phone: _____

Certifying Professional

(This section is to be completed by a qualified professional)

Print Name: _____

Professional Title: _____

License/Certification Number and Issuing State: _____

Agency: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Signature: _____ Date: _____

Diagnosis

Please attach any assessment reports and/or scores from any diagnostic tests that were used to support these diagnoses.

Diagnosis/es: _____

Date of Diagnosis: ____/____/____

Initial contact with student: ____/____/____ Last contact with student: ____/____/____

Level of the severity of the disorder (circle): **Mild** **Moderate** **Severe**

Expected duration (circle): **Permanent** **Chronic/recurring** **Temporary**

Description of symptoms:

Please describe the settings in which these symptoms have been most evident:

If this student is taking medication for their disability, describe the medication(s), side effects, and potential impact on academic work:

Impact of Condition in Educational Environment

How does this condition effect this student's ability to learn or fully participate in a postsecondary environment?

Please provide any additional information you believe would be helpful so that we can provide effective support/accommodations, (i.e. threat to self or others, history of hospitalizations, any known effective academic adjustments). Attach additional pages as necessary and include results of related assessments.