

# Verification Form for Chronic Health Disabilities

Calvin College

Services to students with disabilities, as part of the Center for Student Success strives to ensure that qualified students with chronic health disabilities are accommodated and if possible that these accommodations do not jeopardize successful therapeutic interventions. The office does not modify requirements that are essential to the program of instruction or provide accommodations for persons whose impairments do not substantially limit one or more major life function.

Calvin College is required by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act to provide effective services for qualified students with documented disabilities if such accommodations are needed to provide equitable access to the college programs and services. Federal law defines a disability as a physical or mental impairment that substantially limits one or more major life activities. Some major life activities are defined as the ability to perform functions such as walking, seeing, hearing, speaking breathing, learning, working, or taking care of oneself. It is important to note that a chronic health condition in and of itself does not necessarily constitute a disability. The degree of impairment should be significant enough to substantially limit one or more major life activities.

This form is designed to allow us to achieve these goals. Students who wish to receive academic accommodations due to chronic health disabilities need to have this form filled out by a certified **physician**. The **physician** completing this form must have firsthand knowledge of the student's condition, must have experience diagnosing and treating this condition and be an impartial professional who is not related to the student.

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## Release of Information

I, \_\_\_\_\_, hereby authorize the exchange and release of the following confidential information to the Center for Student Success and Calvin College for the purpose of determining my eligibility for educational accommodations.

\_\_\_\_\_

Date \_\_\_\_\_ Student Signature \_\_\_\_\_

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## Student Information (this section to be completed by student)

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Student ID# \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

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## Certifying Professional

Name \_\_\_\_\_

Credentials \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zipcode \_\_\_\_\_ Ph. \_\_\_\_\_ Fax \_\_\_\_\_

License/Certification and state of license \_\_\_\_\_

Signature of Professional: \_\_\_\_\_

Diagnosis:

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Basis on which diagnosis was made

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Current medications including dosage and side effects \_\_\_\_\_

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Long term treatment plan \_\_\_\_\_

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Current compliance with treatment plan: YES  NO  Other: \_\_\_\_\_

Prognosis for treatment plan. (Include likelihood of improvement or further deterioration and within what approximate time frame.)

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History of hospitalization \_\_\_\_\_

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## Implications for Educational Success

Learning abilities specific to the post-secondary environment that are impaired by the disability (e.g. difficulty with concentration, slow processing speed, etc).

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Implication for taking exams and other classroom activities caused by the disability or medications.

Please describe and explain why:

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## Suggested Accommodations

Each recommended accommodation should include a detailed explanation of its relevance to the disability that is diagnosed. Evaluator also should indicate the level of impaired functioning at which the individual is currently functioning even with the benefits of treatment.

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Final determination of appropriate accommodations will be determined by our office in accordance with the mandates of the Rehabilitation Act of 1973 and the Americans with Disabilities Act as well as court rulings and Department of Education Office of Civil Rights rulings related to these two laws.

This form should be returned to:

**Calvin College**

Center for Student Success  
Attn: Disability Services  
1820 Knollcrest Circle SE  
Grand Rapids, MI 49546

Phone: 616.526.6155

Fax: 616.526.7066