



Student Accessibility Services

DISABILITY VERIFICATION FORM

Student Accessibility Services (SAS) provides academic services and accommodations for students with diagnosed disabilities. The documentation provided regarding the disability diagnosis must demonstrate a disability covered under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act Amendments (ADAAA) of 2008. The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activity. Eligibility for accommodations will be determined on a case-by-case basis following communication with the student and a thorough review of documentation indicating functional limitations that would impact the individual in an academic setting.

SAS engages in an interactive process including a Welcome Appointment with the SAS Case Manager, the student's self-report, history of effective accommodations, and any supportive documentation. Relevant documentation will help define any functional limitations that may impact the student in the academic setting. The outline in this document has been developed to assist the student in working with the treating/diagnosing professional(s) in obtaining the specific and necessary information to evaluate requests for academic assistance based on the diagnosis.

Please complete relevant information only. Inadequate information and/or incomplete forms will delay the eligibility review process. All answers to the questions on the form must be legible. Illegible handwriting will delay the eligibility review process since the provider will need to be contacted for clarification. The professional(s) conducting the assessment and making the diagnosis must be qualified to do so. The professional should be trained, certified and/or a licensed psychologist, and/or member of a medical specialty group.

The provider should attach any reports which provide additional related information (e.g., psycho-educational testing, neuropsychological test results, etc.). If a comprehensive diagnostic report providing the requested information is available, copies may be submitted for documentation in lieu of this form. Please include a narrative that discusses the results for all case notes or rating scales.

Important: SAS will send an email notification to the student's Converse email account, (e.g. EnrolledStudent001@converse.edu), acknowledging receipt of documentation. Prospective students who do not have a Converse email account will be notified via alternate email, if provided.

AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

This page is to be completed by the student; please print legibly.

Student Information

Name:

Last	First	Middle
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Date of Birth: _____ Student ID: _____

Student Status (check one): prospective current transfer

Local phone: _____ Cell phone: _____

Address (street, city, state and zip code):

Converse email address: _____@converse.edu

Alternate E-mail address:

Records Released From (i.e. Health Facility or Medical Provider)

Name:

Address:

City: State: Zip:

Phone: _____ Fax: _____

Patient Rights

✓ I hereby give permission for the above-named provider/facility to release diagnostic and other relevant information for the purpose of determining eligibility for services/accommodations at Converse University.

✓ This authorization will remain in effect until this request is processed or unless I specify an additional time period. Written consent is necessary to revoke this request.

✓ I have had the opportunity to review and understand the content of this authorization form. By signing this authorization, I am confirming that it accurately reflects my wishes.

Student's Signature: _____ Today's Date: _____

Student's Name: _____ Date of Birth: _____

DIAGNOSTIC INFORMATION

Remaining pages to be completed by the Appropriate Professional as applicable; please print legibly.

Note for Learning Disabilities – Please include a psycho-educational evaluation with intelligence and achievement testing (utilizing adult norms), administered by a psychiatrist or educational psychologist.

1. Diagnosis information:

a) Disability:

b) If mental/psychological, please include DSM-V code(s):

c) Note the date of diagnosis, level of severity, and expected duration for each diagnosis (use last page if additional space is needed):

Diagnosis/Disability	Date of Diagnosis	Mild	Moderate	Severe	Expected duration
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

d) Date of initial contact: _____

e) Date of last contact: _____

2. Is the student/patient currently under your care? Yes No

3. List current medications(s), impact, and adverse side effects.

4. If the student is currently undergoing treatment (i.e. medication, procedures, counseling, etc.) for the above condition(s) or otherwise, please describe and indicate how the treatment might affect the student academically.

Student's Name: _____ Date of Birth: _____

5. Major Life Activity Assessment

Please indicate what major life activity/ies is/are substantially limited and may result in specific functional limitations in a postsecondary academic setting (e.g., problems sitting for long periods of time, unable to type for more than ten minutes, unable to walk more than 50 feet without fatigue, when active may incapacitate, etc.). Please provide any relevant comments.

	N/A	Mild	Moderate	Severe
Bending	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caring for Oneself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interacting with Others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Major Bodily Functions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memorizing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Performing Manual Tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Seeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Student's Name: _____ Date of Birth: _____

6. Are there any situations or environmental conditions that might lead to an exacerbation of the condition?

7. Recommended Accommodations: Academic Housing (List specific accommodations) **Note:** All traditional students under age 24 admitted for enrollment beginning after Spring 2024, will be required to live on campus unless they graduated from a Spartanburg County high school and plan to make their home with their parents/legal guardian in their permanent residence in Spartanburg County. Currently enrolled Converse students will be grandfathered into the policy at their time of initial enrollment.

8. **For Housing Accommodations:** *The Department of Residence Life has working deadlines to be notified of certain accommodations. Converse University will make a good faith effort to provide reasonable housing accommodations, but may not be able to guarantee that appropriate residential provisions will be completed in the current semester.*

Describe the impact and functional limitations of the condition relative to residence.

9. **For Academic Accommodations:** Please describe the impact and functional limitations of the condition relative to the classroom.

Student's Name: _____ Date of Birth: _____

10. Based on your knowledge of the current status and history of the student's disability, how long do you believe the student will need each accommodation you have recommended above? Please describe **possible alternatives** that could be considered if the preferred accommodation is not available.

Please attach any additional documentation that you believe to be relevant (e.g., psychological assessment, neuropsychological evaluation, diagnostic testing, etc.).

Provider Information - *Please complete fully and sign.*

Signature: _____ Date: _____

Print Name and Title:

License or Certification #:

Address:

Telephone:

To maintain confidentiality, all information should be sent to:

Converse University
Student Accessibility Services
580 East Main Street
Spartanburg, SC 29302
Email: accessibilityservices@converse.edu
Phone: 864.596.9027
Fax: 864.596.9729