



**Academic Success Center
Office of Academic Access**

**Verification of medical or psychological condition or disability,
To support student requests for accommodations of disability at the university.**

To be completed by the appropriate treating clinician. The report from a current, comprehensive, age-appropriate psycho-educational evaluation is most appropriate to support accommodations for Learning Disabilities and ADD/ADHD.

Date: _____

Name of student (Please print.) _____

Date of birth: _____

Address: _____

Phone: _____

Please answer the following questions with the goal of helping the university understand the student's current level of functioning, limitations, and associated need for accommodations. You may also report on letterhead as desired or necessary.

1. Diagnosis or description of medical conditions, psychological disorders, or primary disabilities. Provide ICD 10 or DSM 5 code(s) as appropriate:

Original date of diagnosis: _____

Date of most recent treatment or diagnosis: _____

2. Prognosis, the medical condition or disability listed above is:

_____ permanent/chronic

_____ long term (6-12 months)

_____ short term/temporary (less than 6 months) Expected duration: _____

_____ Episodic (please describe _____)

The severity of the condition is: _____Mild _____Moderate _____Severe
Describe the expected progression or stability of the condition over the next 5 years:

3. Describe the positive and negative impact of mitigating measures including current treatments/therapy, assistive devices and prescribed medications:

4. Describe how this condition impairs the individual's major bodily functions and/or major life activities:

5. List any accommodations you recommend, based on the impairments described above.

6. Provide any other comments you feel pertinent to the provision of academic accommodations.

Signature of treating clinician: _____

Name of treating clinician (please print): _____

Title: _____

Agency: _____

Address: _____

Phone: _____

Please return to: Office of Academic Access
Eastern Mennonite University
1200 Park Rd.
Harrisonburg, VA 22802
Phone: 540-432-4233
Email: steve.yoder@emu.edu