



CONNECTICUT COLLEGE

Student Accessibility Services Chronic Illness/Medical Disability Verification Fillable Form*

The student named below has begun the process of requesting services with Student Accessibility Services (SAS) at Connecticut College. We require documentation of the student's disability to determine eligibility and provide services.

Under the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual is covered under the law, documentation must indicate that a specific disability exists and that the identified disability substantially limits one or more major life activities. A diagnosis of a disorder in and of itself does not automatically qualify an individual for accommodations. The documentation must also support the request for accommodations and academic adjustments.

Release of Information

I (print student name) _____
hereby authorize the release of the following information to the Student Accessibility Services at Connecticut College for the purpose of determining my eligibility for educational accommodations.

Student Signature

Camel ID #

Date

Medical Provider Only

The following information is to be completed by a medical professional only.

Please give your provider ample time to complete the information requested.

Students upload the completed form to your AIM online portal.

*Text field will be displayed either next to or under the first word of the question or tab to the next field Note: Provider signature is not fillable. The document must be printed and signed by provider prior to submission.

Chronic Illness/Medical Disability Verification Form

To be completed by provider:

To the certifying professional:

Please complete the form below in as much detail as possible. The information you provide will not become part of the student's educational records. It will be kept in the student's file in SAS, where it will be held strictly confidential. This form may be released to the student at his/her/their request. In addition to the desired information below, please attach any other information you feel would be relevant to the student's request. Please contact SAS if there are any questions or concerns.

1. Student's Name

Date

2. What is your diagnosis for this student?

3. Date of Above Diagnosis:

4. Date Last Seen:

5. Is the student currently under your care? Yes ☐ No ☐

How often is the student required to be seen by you?

(i.e. weekly, monthly, quarterly, yearly, as needed)

6. Is the student currently taking medication(s)? Yes ☐ No ☐

If yes, list current medication(s), impact, and adverse side effects.

7. If the student is currently undergoing medical treatment, please describe how the treatment might impact the student academically.

8. How long do you anticipate this disability will impact the student's academic achievement?

☐ < Six months

☐ One year

☐ One year +

9. Please state the student's functional limitations based on the medical diagnosis, specifically in a classroom or educational setting (i.e. problems sitting for long periods of time, unable to type for more than ten minutes)

10. Please list any specific recommendations regarding this student's academic accommodations and a rationale for why these accommodations or services are warranted based on the student's functional limitations. Indicate why the accommodations are necessary.

11. Additional Information:

- a. Are there any situations or environmental conditions that might lead to an exacerbation of the condition?
- b. Is there anything else we should know about the student's medical disability?

Please attach any additional information you feel would be helpful

CERTIFYING PROFESSIONAL*

Professional's Name:

Title:

Name of Practice:

Address:

Phone:

Email:

License # and Issuing State:

Signature of Professional:

Date:

*Qualified diagnosing professionals are licensed psychologists, psychiatrists, neurologists, clinical social and counselors. The diagnosing professional must have expertise in the differential diagnosis of the documented mental disorder or condition and follow established practices in the fields.