



Office of Accessible Education
 275 Eastland Road
 Berea, Ohio 44017
<https://www.bw.edu/accessible-education>
 Email: disability@bw.edu
 Fax: (440) 826-3832

Temporary Impairment Verification Form

The Office of Accessible Education provides services and accommodations for students with *temporary* disabilities (typically as a result of injury, medical procedures, etc.).

The University reserves the right to request updated or more extensive documentation as appropriate. The information outlined below is necessary to evaluate eligibility for accommodations.

- The professional(s) conducting the assessment, rendering a diagnosis, and providing recommendations for reasonable accommodations must be qualified to do so. These persons generally are trained, certified or licensed in the field(s) related to the temporary impairment.
- All parts of the form must be completed as thoroughly as possible.
- The provider should attach any reports which provide additional, related information. A copy of a relevant evaluation report may be submitted as documentation, in lieu of this form, as long as it is comprehensive, current, and meets all of the documentation requirements as outlined in the Baldwin Wallace University General Guidelines for Documentation, available at www.bw.edu/accessible-education.
- The information provided on this form is NOT part of the student’s permanent educational record, but will be maintained with OAE.

STUDENT INFORMATION (Please Print)

Name (Last, First, Middle): _____

Date of Birth: _____ BW ID Number: _____

Status (check one): current student transfer student prospective student

Phone: (_____) _____ - _____ BW Email: _____@bw.edu

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

By signing below, the student grants OAE permission to contact the provider for additional information.

I, _____ (printed name of student), hereby authorize OAE to obtain and/or release information from/to the undersigned provider in order to evaluate eligibility for academic accommodations.

Student Signature: _____ Date: _____

DIAGNOSTIC INFORMATION (Please Print)

1. Date of initial contact with the student: _____

2. What is the nature of the temporary impairment? _____

3. Provide information regarding the student's current presenting symptoms: _____

4. What is the diagnosis, date of diagnosis, and last contact with the student? _____

5. What is the expected duration, stability or progression of the condition? Specify when any approved temporary accommodation(s) will no longer be needed: _____

6. Does the student currently take medication(s) for symptoms related to the temporary impairment (list medication, dosage, frequency)? If yes, how might side effects impact the student's functioning? _____

7. What are the student's functional limitations, attributable to the temporary impairment? How does the impairment affect the student's performance? _____

8. State specific recommendations regarding reasonable accommodations for this student, and a rationale as to why these accommodations, adjustments, or services are warranted based upon the student's functional limitations. Indicate why each accommodation is necessary: _____

PROVIDER INFORMATION

Print, sign, date and complete all fields below

By selecting this box, I am verifying that the named student information is correct, that the student is a patient that I have been treating, and that **I am not a relative of the student.**

Provider Name (Print): _____ Date: _____

Provider Signature: _____

Title: _____

License or Certification #: _____

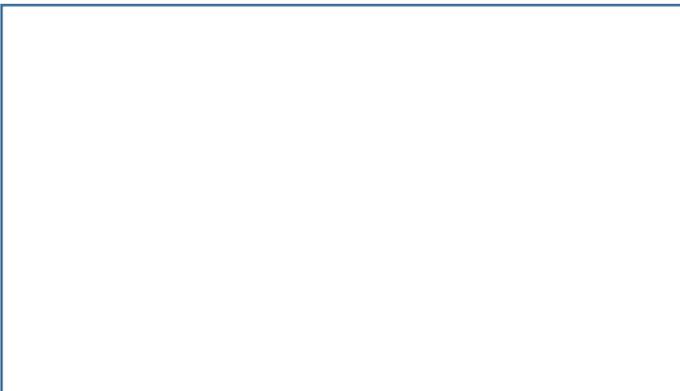
Mailing Address: _____

Phone: (_____) _____ - _____ Fax: (_____) _____ - _____

Email: _____

The student signed a Consent for Release of Information on page 1 of this form. We may reach out to you directly for more information or clarification to support the student's request for accommodations.

You may affix a business card in the space below:



Please complete this form in its entirety and submit it to:

Baldwin Wallace University
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