Disability Services for Students
275 Eastland Road
Berea, Ohio 44017
www.bw.edu/DisabilityServices
Phone: (440) 826-2147
Fax: (440) 826-3832
Email: disability@bw.edu

Mobility and Upper Extremity Impairment Verification Form

Disability Services for Students (DSS) provides services and accommodations for students with diagnosed disabilities. The documentation provided must demonstrate a disability covered under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990. The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activity. For a student to be considered eligible to receive reasonable accommodations, the documentation must show the functional limitations that impact the individual in the post-secondary setting.

DSS requires current and comprehensive documentation to determine appropriate services and accommodations. As a guideline, Baldwin Wallace University generally requires documentation prepared within the last 36 months (3 years). 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 are generally trained, certified or licensed medical practitioners in the field(s) related to the 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/DisabilityServices.
- The information provided on this form is NOT part of the student's permanent educational record, but will be maintained with the DSS office.

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 DSS permission to contact the provider for additional information.

I, ____________________ (printed name of student), hereby authorize DSS 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. Diagnosis(es): ____

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2. Date of diagnosis (specify month/year): ______________________________________

3. Date of initial contact with the student: _____________________________________

4. Date of last contact with the student: _______________________________________

5. Frequency of appointments with student (e.g., once per week, once per month): ______________

6. What is the severity of the disorder?

☐ Mild ☐ Moderate ☐ Severe

Explain the severity level indicated above: ______________________________________

____

7. What is the expected duration of the impairment? Select one:

☐ Short-term (< 6 months)
☐ Episodic
☐ Long-term (> 6 months – 1 year)
☐ Chronic (> 1 year, frequent recurrence)

Explain the duration indicated above: ____

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8. Provide information regarding the student's current presenting symptoms: _________________

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9. Is the student able to ambulate?

☐ Yes ☐ No

If yes, how far can the student ambulate without stopping or resting (e.g., one block, one mile, etc.)? __________

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If no, how does the student negotiate their mobility restrictions? Does the student use a manual wheelchair, motorized wheelchair, scooter, crutches, walker, etc. Explain: ___________________________________

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10. Can the student negotiate stairs or is an elevator required? ____

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11. Provide historical information relevant to the student's mobility impairment and associated functioning (e.g., developmental, familial, medical, pharmacological, psychological, psychosocial): ______________________

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12. Does the student currently take medication(s) for mobility impairment symptoms (list medication, dosage, frequency)? If yes, how might side effects impact the student's functioning? ______________________

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13. What are the student's functional limitations, attributable to the mobility impairment? How does the impairment affect the student's performance? ____

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14. If the student currently uses assistive or adaptive technologies related to the impairment, list specific details about the technology. Does the student currently own this assistive or adaptive technology? ________________

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15. 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: ____

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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: ____

____

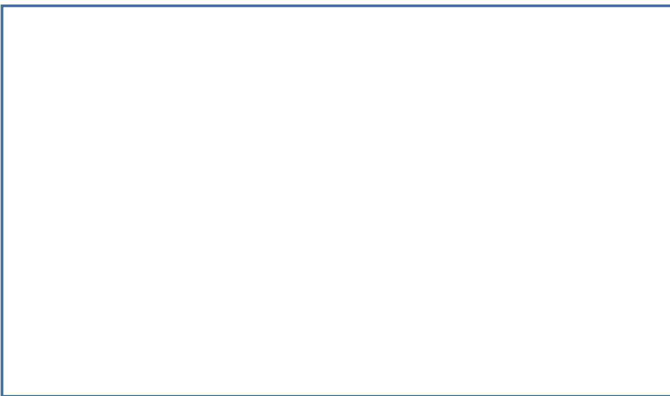
____

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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