



## Verification of a Disability

Elizabeth Gridley, Coordinator of University Disability Services  
1025 North Broadway, Milwaukee, WI 53202  
(Phone) 414/277-2476 (Fax) 414/277-2210

Milwaukee School of Engineering, through University Disability Services and the Learning Resource Center, provides services to students with diagnosed disabilities in accordance with the Americans with Disabilities Act (ADA), and Sections 504 of the Rehabilitation Act of 1973.

To determine eligibility for services, this office requires current and comprehensive documentation of the disability or medical condition from the diagnosing physician or other appropriate professional. The student, named below, is requesting services from our office at this time.

In order to help us service this student in the best possible manner, please complete the following form and return it to Elizabeth Gridley (contact information listed above). Services will not be available to this student until this form has been received. Thank you.

(Please print legibly)

Name of Student: \_\_\_\_\_

1. Please provide a diagnostic statement that describes how the condition was diagnosed, and what the functional impact is for this individual.
  
  
  
  
  
  
  
  
  
  
2. Is the patient/student currently under your care? When was the last time you met with this person?
  
  
  
  
  
  
  
  
  
  
3. Is the impairment temporary (<3 months) or persistent?

4. Please identify any factors that may affect the severity of the impairment, and to what degree might the impairment be minimized by medication, or other aids.

5. How does the disability currently impact the student?

6. List your recommendations for accommodations within the academic environment. Please provide a rationale for any recommendation made utilizing data from your evaluation, their educational record, or other pertinent sources.

Clinician Name: \_\_\_\_\_

Specialty: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (office) \_\_\_\_\_ (fax) \_\_\_\_\_ (cell) \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date