



Disability Verification Form

Student Information (to be completed by the student.)

Name: _____ Banner ID: _____ Date of Birth: _____

By my signature below I hereby authorize my health care provider _____ to furnish the following information to the Department of Disability Support Services (DSS) at East Carolina University. I understand that relevant information obtained may be shared with other University offices that may be involved in assisting with the establishment of reasonable accommodations.

Signature: _____ Date: _____

Provider Information (to be completed by the provider, provider should not be related to the student.)

Name: _____ Title: _____

Address: _____

Phone: _____ Fax: _____ License #: _____

I certify that the information below is true to the best of my knowledge.

Signature: _____ Date: _____

Please complete the form below in its entirety. If you are unable to answer a section, or it is not applicable, please mark N/A or provide a description of why you are unable to answer. Please provide responses by typing or writing clearly. Illegible forms will delay the documentation review process.

Disability Information:

Diagnosis: _____ **Date of Diagnosis:** _____

___ Permanent/Chronic ___ Episodic: Typical time between flare ups: _____
___ Temporary (60 days or less) ___ Short term (60-90 days) ___ Long term (3-12 months)

Severity: ___ Mild ___ Moderate ___ Severe

Diagnosis: _____ **Date of Diagnosis:** _____

___ Permanent/Chronic ___ Episodic: Typical time between flare ups: _____
___ Temporary (60 days or less) ___ Short term (60-90 days) ___ Long term (3-12 months)

Severity: ___ Mild ___ Moderate ___ Severe

Additional Diagnoses (please attach additional pages as needed):



Please describe the symptoms relating to this diagnosis that may affect the student's participation in the campus community. *Examples: heart palpitations, fidgets or squirms in chair, low blood sugar.*

According to the Americans with Disabilities Amendments Act, major life activities may include but are not limited to the following, please check all that are **substantially** impacted by the physical or mental impairment of the student. **A substantial limitation is a symptom that has persisted to a degree that is maladaptive and inconsistent with developmental level:**

- | | |
|---|---|
| <input type="checkbox"/> Eating | <input type="checkbox"/> Social Interactions |
| <input type="checkbox"/> Sleeping | <input type="checkbox"/> Learning |
| <input type="checkbox"/> Seeing | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Hearing | <input type="checkbox"/> Concentrating |
| <input type="checkbox"/> Speaking | <input type="checkbox"/> Thinking |
| <input type="checkbox"/> Breathing | <input type="checkbox"/> Communicating |
| <input type="checkbox"/> Walking | <input type="checkbox"/> Memory |
| <input type="checkbox"/> Standing | <input type="checkbox"/> Managing Internal Distractions |
| <input type="checkbox"/> Lifting | <input type="checkbox"/> Managing External Distractions |
| <input type="checkbox"/> Self-care | <input type="checkbox"/> Organization |
| <input type="checkbox"/> Stress Management | <input type="checkbox"/> Motivation |
| <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Putting Thoughts to Words |
| <input type="checkbox"/> Operation of a major bodily function | <input type="checkbox"/> Attending Class Regularly |

○ _____

Given the symptoms and functional limitations noted above, please share any recommended accommodations and the rationale connecting the accommodation to the functional limitation.

Example: Student should take exams in a separate location because the student's anxiety is exacerbated by being in a crowded room, and this impairs concentration.



ADHD Verification

Please indicate which of the following symptoms have persisted to a degree that is maladaptive and inconsistent with developmental level.

Symptoms of Inattention	Mild	Moderate	Severe	N/A
Fails to give close attention to details or makes careless mistakes.				
Has difficulty sustaining attention.				
Does not appear to listen.				
Struggles to follow through on instructions.				
Has difficulty with organization.				
Avoids or dislikes tasks requiring sustained mental efforts.				
Loses things.				
Is easily distracted.				
Is forgetful in daily activities.				
Symptoms of Hyperactivity and Impulsivity				
Fidgets with hands or feet or squirms in chair.				
Has difficulty remaining seated.				
Extreme restlessness; difficulty engaging in activities quietly.				
Acts as if driven by a motor.				
Talks excessively.				
Blurts out answers before questions have been completed.				
Difficulty in waiting or taking turns.				
Interrupts or intrudes upon others.				