Columbia International University

Academic Success Center

Verification of Physical Disability

Student's name: _____

CIU student ID #: _____ Today's date: _____

Semester services are requested for: _____

My signature grants the release of the requested information to Columbia International University.

Student's signature: _____

The above student is requesting an auxiliary aid or service, academic adjustment, and/or other accommodation from the Academic Success Center due to a physical disability. The Americans with Disabilities Act (ADA) defines a disability as a physical or mental impairment that substantially limits one or more major life activities.

In order to consider the request, as well as to ensure the provision of reasonable and appropriate auxiliary aids and services, Columbia International University policy requires that a qualified professional provide current and comprehensive verification of the impairment.

Disability documentation should be current and relevant but not necessarily recent. The professional conducting the assessment and rendering the diagnosis must be qualified to do so. A qualified professional includes a rehabilitation counselor, speech and language pathologist, physician, or other appropriate licensed medical professional.

The documentation and information provided must be sufficient to support current functional limitations in a college academic and residential setting. It should include information that diagnoses the impairment and indicates the severity and longevity of the condition. The report should also offer recommendations for necessary and appropriate auxiliary aids or services, academic adjustments, or other accommodations related to the academic or residential environment.

To facilitate the gathering of such critical information, please respond to the following questions, attach the diagnostic report(s), and return to:

Lisa M. Lanpher, M.Ed.
Academic Success Center Director
Columbia International University
7435 Monticello Rd.
P. O. Box 3122
Columbia, SC 29230-3122

Phone: (803) 807-5611
Fax: (803) 807-5812
e-mail: llanpher@ciu.edu
Updated 070815

Columbia International University

Verification of Physical Disability

To be completed by a qualified professional

Please write legibly:

Student's name: _____ Today's date: _____

1. Diagnosis: _____

_____

_____

_____

2. Date of diagnosis: _____ Date of last assessment: _____

Approximate date of onset: _____

3. Condition severity (check one): _____Mild _____Moderate _____ Severe

Condition is considered (check one): _____ Temporary _____Permanent

4. Clinical tools used to support the diagnosis (i.e. x-rays, lab tests, physical findings, etc.):

_____

_____

_____

5. Symptoms associated with the diagnosed disorder: _____

_____

_____

6. Current medications, dosage and frequency: _____

_____

_____

7. Possible impact and side effects of the medications identified above: _____

_____

_____

8. Student's functional limitations in an educational setting: _____

_____

_____

To be completed by a qualified professional

9. Student's functional limitations in a residential setting: _____

_____

_____

10. Your recommendations regarding necessary and appropriate auxiliary aids or services, academic adjustments, or other accommodations to equalize the student's educational opportunities at Columbia International University (describe recommended aids):

_____

_____

_____

11. Concerns you may have regarding the ability of this student to participate in higher education or the ability of the university to effectively accommodate the disability:

_____

_____

_____

12. Attach and/or describe other information relevant to this student's academic adjustment:

_____

_____

_____

_____

Professional's signature: _____ Date: _____

Printed name and title: _____

Professional's area of specialization: _____

Daytime phone number: _____ Fax: _____

Address: _____

_____

Please complete the entire form, sign, and attach a diagnostic report and any other supporting documentation.