



TRINITY UNIVERSITY

STUDENT ACCESSIBILITY SERVICES

ONE TRINITY PLACE
SAN ANTONIO, TEXAS 78212-7200
www.trinity.edu

Tiger Learning Commons
Coates Library Room 308
(210) 999-8528
sas@trinity.edu

Disability Verification for Dining and Housing Accommodations

The student listed below is seeking housing and/or dining accommodations at Trinity University based on a disability. In order to establish eligibility, the student must provide current, comprehensive documentation that establishes the diagnosis/es and describes the impact on major life activities.

Name: _____ TU ID: _____
Date: ____ / ____ / ____ Phone: _____ TU email: _____

This form should be completed as thoroughly as possible, by an appropriate licensed professional that has conducted the assessment, made a diagnosis, or is currently treating the student. These persons are generally psychologist, psychiatrists, licensed counselors or medical doctors. SAS may reach out directly to providers for further clarification or additional information as needed.

By completing this form, you are certifying that in your professional opinion, this student qualifies as a person with a disability under the Americans with Disabilities Act. For more information regarding the ADA, see: www.ada.gov.

1. Diagnosis (required) using the DSM-V (please include code and description): _____

- For Individuals with ADHD:
Diagnosis (required) please check below:
- 314.01 Combined presentation
 - 314.00 Predominantly inattentive presentation
 - 314.01 Predominantly hyperactive/impulsive presentation

Date Diagnosed: ____ / ____ / ____ Date of first contact: ____ / ____ / ____ Date of your last clinical contact: ____ / ____ / ____

2. Evaluation

In addition to DSM criteria, how did you arrive at your diagnosis? Please check all relevant items below, adding brief notes that you think might be helpful to us as we determine eligibility for accommodations.

- Medical Evaluation (e.g., x-ray, laboratory tests, EKG)
- Structured or unstructured interviews with student
- Interviews with other persons, please list:
 - _____
 - _____
- Behavioral observations
- Developmental history (if applicable please describe)
 - _____
 - _____
- Educational History (if applicable please describe)
 - _____
 - _____
- Neuro-psychological testing. Date(s) of testing? ___ / ___ / ___ Please attach.
- Standardized or non-standardized rating scales
- Other. Please specify: _____

Appropriate onset of diagnosis:

- Child—appropriate age: _____
- Adolescent – appropriate age: _____
- Adult—appropriate age: _____
- Unknown

Severity of symptoms

- Mild
- Moderate
- Severe

Prognosis of disorder

- Active
- Progressing
- Controlled
- In Remission
- Other: _____

Present Symptoms: _____

Current treatment being received by student:

- Medication management
 - Current medications: _____
 - Medication side effects: _____
- Outpatient therapy
 - Frequency: _____
- Group therapy
 - Frequency: _____
- Other. Please describe: _____

Will student require local treatment/follow-up? If yes, please describe arrangements made.

- Yes: _____
- No

3. Major Life Activities Assessment:

Please check which of the following major life activities listed below are affected by the student's diagnosis. Indicate the severity of the limitations.

Life Activity	Negligible	Moderate	Substantial	Don't Know
Concentrating				
Memory				
Organization				
Managing external distractions				
Managing internal distractions				
Reading				
Writing				
Sleeping				
Communicating				
Mobility				
Eating				
Self-Care				
Social Interactions				
Attending Class				
Other:				

Please describe the desired housing/dining accommodations and explain how the request relates to the impact of the condition. _____

How will the student manage these symptoms in other campus settings (e.g. classroom, student events)?

Please provide any additional information you feel will be used in determining appropriate accommodations and interventions: _____

Provider Information

I certify, by my signature below, that I conducted or formally supervised and co-signed the diagnostic assessment of the student named above.

Signature: _____ Date: _____

Print Name and Title: _____

State of License: _____ License Number: _____

Address: _____ Number or P.O. Box: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

In an effort to be green, we would prefer this form be returned to SAS via email:

Trinity University
Student Accessibility Services

Email: sas@trinity.edu

Phone: 210-999-8528

Fax: 210-999-8198

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ATTN: SAS/Coates Library 308
San Antonio, TX 78212