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 psychologists, 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

<table>
<thead>
<tr>
<th>Severity of symptoms</th>
<th>Prognosis of disorder</th>
</tr>
</thead>
<tbody>
<tr>
<td>□ Mild</td>
<td>□ Active</td>
</tr>
<tr>
<td>□ Moderate</td>
<td>□ Progressing</td>
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<tr>
<td>□ Severe</td>
<td>□ Controlled</td>
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<td></td>
<td>□ In Remission</td>
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<td>□ Other: ____________</td>
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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.

<table>
<thead>
<tr>
<th>Life Activity</th>
<th>Negligible</th>
<th>Moderate</th>
<th>Substantial</th>
<th>Don’t Know</th>
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</thead>
<tbody>
<tr>
<td>Concentrating</td>
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<td>Memory</td>
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<td>Organization</td>
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<td>Managing external distractions</td>
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<td>Reading</td>
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<td>Writing</td>
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<td>Sleeping</td>
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<td>Communicating</td>
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<tr>
<td>Mobility</td>
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<tr>
<td>Eating</td>
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<td>Self-Care</td>
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<td>Social Interactions</td>
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<td>Attending Class</td>
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<tr>
<td>Other</td>
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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