

Verification of a Neurological Impairment/Brain Injury

Student Name: _____ Today's Date: _____

Address: _____ Telephone/TTY: _____

_____ Date of Birth: _____

I, _____, a student at Stautzenberger College, give permission to release the requested information to the Vice President and the Student Services Department.

Signature: _____ Date: _____

The Stautzenberger College student named above is requesting an auxiliary aid or service, academic adjustment, and/or accommodation from the Office of Student Services due to a disability. Under the Americans with Disabilities Act and the Rehabilitation Act of 1973, an individual with a disability means any person who:

1. Has a physical or mental impairment, which substantially limits one or more major life activities;
2. Has a record of such an impairment; or,
3. Is regarded as having such an impairment.

“Major life activities” include caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, sitting, standing, lifting, and working, as well as mental and emotional processes such as thinking, concentrating, and interacting with others.

Students are responsible for obtaining and providing disability documentation, including necessary testing/psychological evaluations, at their own expense. It is important to realize that although the diagnostician may recommend specific accommodations, the determination for providing appropriate and reasonable accommodations and/or academic adjustments rests with the institution.

To ensure the provision of reasonable and appropriate services for students with neurological impairments/brain injuries, students requesting services are required to provide documentation in adherence with the following guidelines:

- A qualified professional must conduct the evaluation. The name, title, and professional credentials of the evaluator, including information about license or certification as well as the area of specialization, employment, and state/province in which the individual practices should be clearly stated in the documentation. It is not considered appropriate for professionals to evaluate members of their own families.

- The documentation must be recent and age-appropriate so as to determine the need for services based on the individual's current level of functioning in the educational setting.
- Evaluations must be comprehensive in nature including review of past psychiatric history, family psychiatric history, and medical history.
- The diagnostic report should include specific recommendations for accommodations and/or academic adjustments as well as an explanation as to why each accommodation/adjustment is recommended. The evaluators should describe the impact the neurological impairment/brain injury has on a specific major life activity as well as the degree of significance of this impact on the individual. The evaluator should support recommendations with specific test results or clinical observations.

To facilitate the gathering of such critical information, please respond to the following questions, attach the diagnostic report, and return this to Stautzenberger College's Student Services Department.

DSM-IV diagnosis: Axis I _____
 Axis II _____
 Axis III _____
 Axis IV _____
 Axis V _____

Other diagnosis: _____

Date of diagnosis: _____

Date of last contact with student: _____

Basis on which diagnosis was made: _____

Prognosis: _____

Restrictions, if any: _____

Please state the methods used to evaluate the disability, including but not limited to structured or non-structured clinical interview, projective measures, and/or objective personality instruments such as the MMPI-2. Assessment instruments utilized must be statistically reliable, valid, and have age appropriate norms. Please describe and attach appropriate documentation:

Implications for Educational Success

Learning abilities specific to the postsecondary environment that are impaired by the disability (e.g. difficulty with concentration, slow processing speed, etc.)

Recommended accommodations. If relevant to the accommodation, include information about medications. These recommendations must be specifically related to the diagnosis.

Qualified professional's name & title: _____

Address: _____

Daytime telephone number: _____

Fax number: _____

License/Certification number and state of licenser: _____

Type of license: _____

Date of initial contact with student: _____

Date of last contact with student: _____

Qualified Professional's Signature

Date

Please mail this completed form to Stautzenberger College, Student Services, 12925 Pearl Road, Strongsville, OH 44136 or fax to 440.846.2164.