



DISABILITY & ACCESSIBILITY SUPPORT SERVICES

245 University Pavilion, 303 E. Kearsley St, Flint, MI 48502

Phone: 810-424-5256 | Fax: 810-762-3066 | Email: dassflint@umich.edu

Website: <https://www.umflint.edu/disabilitysupportservices/>

Disability Verification Form

Disability and Accessibility Support Services (DASS) is committed to creating an inclusive and equitable educational environment for disabled students by partnering with students, faculty and staff. One path to access is the implementation of reasonable accommodations. The Americans with Disabilities Act of 1990 (ADA), the ADA Amendments Act of 2008, and Section 504 of the Rehabilitation Act of 1973 requires that access be provided for individuals who have a physical or mental impairment that substantially limits one or more major life activities and/or have a record of such impairment. The purpose of this form is to assist Health Care Professionals in documenting a student's relevant disability information that may aid in the exploration of reasonable accommodations.

IMPORTANT: This form serves as one option (not the only option) for providing disability documentation to DASS; please review our [Documentation Guidelines](#).

Please take note of the following as you complete this form:

- The person completing this form should be a Health Care Professional who is either (1) qualified to assess and diagnose the student's condition, and/or (2) is a part of the student's treatment plan for a previously diagnosed condition. These professionals are generally trained, certified, or licensed to diagnose and/or treat medical conditions. Examples include: psychiatrist, psychologist, therapist, counselor, social worker, medical doctor, optometrist, speech-language pathologist.
 - To avoid any conflict of interest, DASS will not accept documentation provided by family members or close relatives.
- Please complete all parts of this form as thoroughly as possible. Inadequate information, illegible handwriting, or missing fields may delay implementation of reasonable accommodations.
- The student or Health Care Professional should include any documents which provide related information (Educational records (IEP, 504, etc.), Medical Records, Audiology Report, or Vocational Assessment, Neuropsychological Evaluation etc.). The aforementioned documentation can be submitted in lieu of this document.
- Accommodations, including this document, are part of a student record and protected by FERPA. For further information on FERPA and Student's rights please visit our [Student Rights webpage](#).



DISABILITY & ACCESSIBILITY SUPPORT SERVICES

245 University Pavilion, 303 E. Kearsley St, Flint, MI 48502

Phone: 810-424-5256 | Fax: 810-762-3066 | Email: dassflint@umich.edu

Website: <https://www.umflint.edu/disabilitysupportservices/>

Student Information: To be Completed by Student

Student name:

Date of Birth:

Uniqname:

UM ID#:

Address:

City:

State:

Phone Number:

UMich Email:



DISABILITY & ACCESSIBILITY SUPPORT SERVICES

245 University Pavilion, 303 E. Kearsley St, Flint, MI 48502
Phone: 810-424-5256 | Fax: 810-762-3066 | Email: dassflint@umich.edu
Website: <https://www.umflint.edu/disabilitysupportservices/>

Medical Information

The remainder of this form should be completed by a qualified Health Care Professional

Diagnoses

List all relevant diagnoses, including estimated date of onset and expected duration:

Impact on Major Life Activities

List any major life activities that are impacted by the student's disability and their severity.

Examples: reading, writing, seeing, hearing, concentrating, learning, walking, lifting, etc.

Disability-Related Barriers

Describe any disability-related barriers that may need to be addressed in the university setting.

Examples: in-person courses, online courses, labs, clinical setting, internships, etc.



DISABILITY & ACCESSIBILITY SUPPORT SERVICES

245 University Pavilion, 303 E. Kearsley St, Flint, MI 48502
Phone: 810-424-5256 | Fax: 810-762-3066 | Email: dassflint@umich.edu
Website: <https://www.umflint.edu/disabilitysupportservices/>

Symptoms and Treatment

List symptoms, treatment plans and/or side effects that may impact functioning:

Episodic Flare-ups

If the student experiences episodic flare-ups due to the condition, please describe any triggers, the frequency and duration:

Additional Information

Please provide additional information or considerations that may aid in the exploration of reasonable accommodations:



DISABILITY & ACCESSIBILITY SUPPORT SERVICES

245 University Pavilion, 303 E. Kearsley St, Flint, MI 48502

Phone: 810-424-5256 | Fax: 810-762-3066 | Email: dassflint@umich.edu

Website: <https://www.umflint.edu/disabilitysupportservices/>

Health Care Professional Information

Health Care Professional Name:

Health Care Professional Signature:

Date:

Licensure/Certification Number:

Facility or Practice Name:

Address:

City:

State:

Phone Number:

Email:

Please return completed form to the student, or submit via email to dassflint@umich.edu, or via fax to (810) 762-3066. For questions, contact us at dassflint@umich.edu or (810) 424-5256