



BRADLEY University
Student Access Services

Heitz Hall 100
1501 W. Bradley Avenue
Peoria, IL 61625
Phone: (309)677-3654
Fax: (309)677-3685
Email: sas@fsmail.bradley.edu

DISABILITY VERIFICATION PACKET

INSTRUCTIONS TO STUDENT:

STEP 1:

Print the Disability Verification Packet.

STEP 2:

Complete the Student Information section on the Disability Verification Form.

STEP 3:

Provide this packet to your treating professional.

STEP 4:

Return completed packet to the Office of Student Access Services at Bradley University.



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LETTER TO TREATING PROFESSIONAL:

DATE: _____

Dear Health Professional,

The patient named on the attached Bradley University Disability Verification Form has requested that his/her disability be verified. This documentation is for the purpose of making him/her eligible for disability-related services.

Eligible conditions and the authorized health professionals who may verify them and sign the Disability Verification Form are described on the attached "Disability Definitions and Documentation", page 4.

INSTRUCTIONS:

- 1. Items 1-6 must be completed**
2. Item 2: At least one "**major life activity**" limitation must be checked in order for the student to be eligible.
3. Form must be **completed and signed by the health professional** qualified to diagnose and treat the specific condition. (see attached "Disability Definitions and Documentation")
4. **Please return this by fax**, unless requested otherwise by student. (Attach any medical, psychological, and/or educational documentation.)

**The Office of Student Access Services
Bradley University
Fax: (309)677-3685**

This completed form must be returned to the Office of Student Access Services before the student can receive disability-based accommodations.

Thank you for your prompt attention on behalf of your patient. If you have questions, please call our office at (309) 677-3654.



DISABILITY VERIFICATION FORM:

STUDENT INFORMATION: (to be completed by student)

Name: _____ Bradley ID#: _____ DOB: _____
 Address: _____ City/State: _____ ZIP: _____
 Home Phone: _____ Cell Phone: _____ Email: _____

TO BE COMPLETED BY PROFESSIONAL:

Name of Licensed or Certified Professional: _____
 Address: _____ City/State _____ ZIP: _____
 Phone: _____ Fax: _____ Email: _____

Please provide the following information in full in order to qualify the student for eligibility and help us determine reasonable education and physical accommodations.

1. Diagnosis: A: _____ B: _____

DSM-5 code (if applicable): _____ Severity: Moderate Severe Residual/Remission

2. This condition substantially limits the following major life activities: (this section is required)

- Moving Walking Manual Tasks Bending Standing Lifting Breathing Concentrating
 Seeing Reading Hearing Communicating Sleeping Eating Caring for self

3. Does it impact any of the following? (optional)

- Stamina Forming/Executing Plans Social Interaction Overcoming Obstacles Memory

4. Additional information helpful in determining accommodations in an educational setting:

5. Condition is: Stable Prone to Exacerbation

6. Duration of disability: Permanent/Chronic
 Temporary <45 days >45 days Expected duration: _____

I understand that the information provided will become part of the student record subject to the Federal Family Education Rights and Privacy Act of 1974 and may be released to the student on their written request.

Signature: _____ Title/Lic. #: _____ Date: _____

If the above information is completed by someone other than the professional who made the diagnosis, please provide the name and phone number of the person who filled out the form.

Name: _____ Title: _____ Phone: _____

TO BE COMPLETED BY BRADLEY SAS STAFF:

Date Received: _____ SAS Staff Signature: _____

- Deaf/HH Physical Psych/Neuro Blind/Low vision LD Speech



DISABILITY DEFINITIONS AND DOCUMENTATION

Eligibility for disability services is based on an individual's condition which must: 1. Fall within the diagnostic categories listed below. AND 2: Impair a major life activity, AND 3. Pose an educational limitation for which accommodation is required and appropriate.

Disability	Definition	Qualified Professionals	Important Notes
Physical Disability	Physical, mobility, or orthopedic impairment	Medical Doctor, O.D.	
Visual Impairment	Total or partial loss of sight: in best eye, with best correction, 20/200 = legal blindness or 20/70 = partial sight	M.D., Ophthalmologist, Optometrist	
Hearing Impairment	Loss of hearing which impedes the communication process essential to language, educational, social, and/or cultural interactions.	Audiologist, M.D.	Submit: Bradley Disability Verification Form and audiogram within last 3 years.
Deaf	Requires use of communication mode other than oral, including sign language	Audiologist, M.D.	Submit: Bradley Disability Verification Form and audiogram within last 3 years.
Hard of Hearing	<ol style="list-style-type: none"> 1. Severe: avg. loss in better ear, 55db. 2. Mild-Moderate: avg. unaided loss in better ear 35-54db; aided, 20-54db. or greater 3. Speech discrimination less than 50% 	Audiologist, M.D.	Submit: Bradley Disability Verification Form and audiogram within last 3 years.
Speech and Language Impairment	Speech/language disorders of voice, articulation, rhythm, and/or the receptive and expressive language processes	Licensed Speech Professional	NOT caused by acquired brain injury, physical, psychological or hearing impairments.
Learning Disabilities	Cognitive ability test standard scores (usually WAIS IV or WJ III), Achievement test standard scores (usually the WJ III or the WIAT III)	PhD Psychologist, College LD specialist, other appropriate professional	
Acquired Brain Impairment	Deficit in brain functioning caused by external or internal trauma, resulting in loss of cognitive, communicative, motor, psychosocial and/or sensory-perceptual abilities.	M.D. Neurologist, Neuropsychologist	Submit recent Neuropsychological Report, if available. Not applicable: conditions
Psychological Disability	<ol style="list-style-type: none"> 1. Persistent psychological or psychiatric disorder, or emotional or mental illness 2. Interferes with a major life function 3. Poses an educational limitation 	Psychiatrist, PhD. Psychologist, LMFT, LCSW or LCPC	Not qualified: DSM V-codes, developmental disorders, sexual behavior disorders, compulsive gambling, kleptomania, or pyromania, and psychoactive substance abuse disorders resulting from current illegal use.
ADD/ADHD	Meets DSM diagnostic criteria and poses and educational limitation	Psychiatrist, PhD. Psychologist, LMFT, LCSW or LCPC	
Health Impairment	Health conditions that <ol style="list-style-type: none"> 1. Limit a major life activity 2. Presents an educational limitation and 3. Require support services or instruction 	Licensed Certified Professional who is legally qualified to diagnose the disability in question	Examples include, but are not limited to: heart conditions, renal failure, tuberculosis, AIDS, diabetes, Crohn's Disease