



Student Disability Resources

The Pennsylvania State University

Ph: (814) 863-1807 / Fax: (814) 863-3217

equity.psu.edu/sdr

THIRD-PARTY VERIFICATION FORM

Penn State's Student Disability Resources (SDR) office has established a Verification Form to obtain current information from a qualified treating or diagnosing practitioner (e.g., psychiatrist, psychologist, therapist, social worker, medical doctor, optometrist, audiologist, speech-language pathologist, etc.) regarding a student's disability, associated symptoms, related medications and their impact on the student, and the need for accommodations.

IMPORTANT: This Verification Form serves as one option (not the only option) for providing disability documentation to SDR. This Verification Form may supplement information provided in other reports, including a physician's letter on letterhead and signed, a diagnostic report, or an IEP/504 plan. Any documentation, including this Verification Form, must meet Penn State's SDR guidelines. For more information, please visit [SDR's documentation and guidelines website](http://equity.psu.edu/sdrdocumentation) (<http://equity.psu.edu/sdrdocumentation>).

IMPORTANT: Submission of a comprehensive neuropsychological or psychoeducational evaluation is required for learning disorders rather than this Verification Form.

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

- 1. The person completing this form should be a credentialed 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 for a previously diagnosed condition.** These professionals must be trained, certified, or licensed to diagnose and/or treat medical conditions. To avoid any conflict of interest, the person completing this form should not be a relative of the student.
- 2. Please complete all parts of this form as thoroughly as possible.** Inadequate information, illegible handwriting, or missing fields may delay the eligibility review process by necessitating follow-up contact for clarification.
- 3. You may attach to this form any other documents or information you think would be relevant in determining the student's academic accommodations.** This can be submitted with or in lieu of this Verification Form. Examples include neuropsychological or psychological evaluations, medical or diagnostic reports, audiology reports, etc. Please note that while recent secondary school documentation, such as IEPs or 504 plans, may assist SDR's determination for services, their sole submission may not meet documentation requirements.
- 4. The information you provide will be kept securely and confidentially in the student's file at SDR.**

I. Student Information: Please type or print legibly.

Student's Full Name: _____

Date of Birth: _____ PSU ID #: _____

Penn State campus student is attending: _____

Student's Home Street Address: _____

City, State, Zip: _____

Phone Number: _____

II. Provider Section: The remainder of this form must be completed by a qualified provider.

Contact with Student

1. Date of initial contact with student: _____
2. Date of last contact with student: _____
3. Frequency of appointments with student (e.g., once a week, once a month): _____

Diagnosis

1. What is the student's primary diagnosis?

What is the severity of the disability? Mild _____ Moderate _____ Severe _____

2. What is the student's secondary diagnosis?

What is the severity of the disability? Mild _____ Moderate _____ Severe _____

3. Other diagnoses:

Current Symptoms and Impact

1. Please provide information regarding the student's current presenting symptoms that may impact functioning:
2. Does the student's disability cause any vision, hearing, or mobility restrictions? If so, please explain in detail, including whether the condition is expected to remain stable or decline.
3. Please describe how and to what extent the student's disability specifically impacts the student and interferes with or reduces the quality of at least one major life activity (e.g., reading, writing, seeing, hearing, concentrating, learning, walking, etc.):
4. If the impact of the disability is episodic or flares up, please describe the frequency, duration, and any triggers:

III. Provider's Certifying Professional Information:

Professionals conducting the assessment, rendering a diagnosis, and providing recommendations for reasonable accommodations must be qualified to do so (i.e., licensed practitioner). The provider signing this form must be the same person answering the above questions.

Provider's Name: _____

Credentials: _____

License Number: _____

State of Licenser: _____

Street Address: _____

City, State, Zip: _____

Phone Number: _____

Email Address: _____

Can this completed Verification Form be released to the student? Yes ___ No ___

Signature of Provider: _____ Date: _____

Submitting this form:

Current or incoming students can return the completed Verification Form to us via our [secure online portal](http://equity.psu.edu/sdrupload) (<http://equity.psu.edu/sdrupload>). Please do not submit password-protected documentation as this will delay review.

Prospective students or healthcare professionals can return the completed Verification Form via fax at 814-863-3217.

The Verification Form may also be submitted in person to the [student disability office](http://equity.psu.edu/sdr/campus-offices) (<http://equity.psu.edu/sdr/campus-offices>) at the Penn State campus where the student is enrolled. Please note that Penn State uses the same Verification Form across all campuses; individual offices are responsible for reviewing documentation provided by students enrolled on their campus.