PennState Educational Equity | Student Disability Resources

Student Disability Resources
The Pennsylvania State University
equity.psu.edu/sdr

VERIFICATION FORM for MOBILITY and UPPER EXTREMITY IMPAIRMENTS

Penn State's Student Disability Resources (SDR) office has established a Verification Form for Mobility and Upper Extremity Impairments to obtain current information from a licensed medical practitioner regarding a student's mobility or upper extremity impairment and its impact on the student and their need for accommodations. This Verification Form may supplement information that is provided in other reports, including medical reports, physiological assessments, or secondary school documentation. Any documentation, including this Verification Form, must meet Penn State's SDR guidelines for mobility impairments.

A summary of the guideline criteria for documenting mobility and upper extremity impairments is listed below (more information related to SDR documentation and guidelines for mobility and upper extremity impairments can be found at the following web site: Link to Guidelines for Mobility and Upper Extremity Impairments).

1. Evidence of current mobility or upper extremity impairment
2. Functional impairment affecting an important life skill, including academic functioning
3. History relevant to current mobility or upper extremity impairment, including use of assistive or adaptive technology
4. Summary and recommendations

I. Student Information: (Please Print Legibly or Type)

Student's Name:

First: _____

Middle: _____

Last: _____

Date of Birth: _____ PSU ID #: _____

Penn State campus student is attending: _____

Student's Home Address:

Street: _____

City: _____

State: _____

Zip: _____

Phone Number: _____

II. Provider Section:

1. Contact with Student

a. Date of initial contact with student:

b. Date of last contact with student:

c. Frequency of appointments with student (e.g., once a week, once a month):

2. Diagnosis

a. What is the student's diagnosis?

b. How long has the student had this impairment?

c. What is the severity of the impairment? Mild Moderate Severe

i. Explain the severity checked above:

d. What is the expected duration of the impairment? Chronic Episodic Short-term

i. Explain the duration checked above:

e. Current Symptoms:

i. Please provide information regarding the student's current presenting symptoms:

ii. Ambulation:

1. Is the student able to ambulate? Yes ☐ No ☐

2. If yes, how far can the student ambulate without stopping or resting (e.g., one block, one mile, etc.)?

3. If no, how does the student negotiate their mobility restrictions? Does the student use a manual wheelchair, motorized wheelchair, scooter, crutches, etc. If so, please explain.

4. Can the student negotiate stairs or is an elevator required?

iii. Is there clear evidence that the symptoms associated with the mobility or upper extremity impairment are interfering with or reducing the quality of at least one of the following, including academic functioning?

School functioning:	
Social functioning:	
Work functioning:	

3. Student's History

a. Please include any historical information relevant to the student's mobility or upper extremity impairment and associated functioning (e.g., developmental, familial, medical, pharmacological, psychological, psychosocial).

b. Assistive or Adaptive Technology:

i. Does the student currently use assistive or adaptive technology to facilitate mobility? If so, please list specifics related to the brand and model number of the assistive or adaptive technology used by the student.

ii. Does the student currently own this adaptive or assistive technology? If so, what brand and model number?

iii. State specific recommendations regarding assistive or adaptive technology for this student based upon the student's functional limitations (e.g., if a screen reader is suggested, please relate the request to the student's mobility impairment.) Please be as specific as possible (e.g., brand name, model number.)

4. Medications

a. Is the student currently taking medication(s) for symptoms associated with the mobility or upper extremity impairment?

Yes ☐ No ☐

b. If yes, please provide information below for each medication the student is currently prescribed:

Medication/Dosage/Frequency (e.g., Tramadol 100 mg 1 x daily):	
Date Prescribed:	
Side effects that impact the student's functioning (e.g., concentration, sleep, thinking, eating, etc.):	

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Date Prescribed:	
Side effects that impact the student's functioning (e.g., concentration, sleep, thinking, eating, etc.):	

5. Functional Limitations and Recommended Accommodations

a. Please list any recommended reasonable accommodations that would mitigate the student's current symptoms associated with the mobility or upper extremity impairment beyond the mobility devices and adaptive or assistive technology listed above. More detailed information regarding reasonable academic accommodations can be found on the SDR website at: http://equity.psu.edu/sdr/applying-for-services/reasonable-accommodations

Example: *A student is unable to grip a pen or pencil requiring use of a computer during class or exams.*
Symptom: *Cannot grip a writing tool*
Recommended Reasonable Accommodation(s): *Note-taking assistance / Computer-based exams*

Symptom:
Recommended Reasonable Accommodation(s):

Symptom:
Recommended Reasonable Accommodation(s):

Symptom:
Recommended Reasonable Accommodation(s):

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 medical practitioner). The provider signing this form must be the same person answering the above questions.

Provider's Name:

First:

Middle:

Last:

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:

This form should be returned to the disability office at the Penn State campus where the student is enrolled. Information regarding other Penn State disability offices can be found at: Campus Disability Coordinators. Please visit the SDR website and submit to the appropriate Penn State campus.