TRUMAN STATE UNIVERSITY

Office of Student Access and Disability Services
660.785.4478 (phone)
660.785.4490 (fax)

Pickler Memorial Library 109A
100 East Normal Avenue
Kirksville, MO 63501-4221

Verification of SENSORY/MEDICAL/PHYSICAL DISABILITIES

For all disabilities, the following information should be included:

- Student's full name and date of birth
- Evaluating clinician's name, title, license/certification # and state, address, and phone number
- Date of document, date of evaluation/assessment, first and latest dates of contact with student
- Diagnosis(es) and date(s) of same
- Statement, does the established and ongoing treatment provider consider the diagnosis(es) to rise to the level of a disability?
- Description of how each diagnosis was made (list assessments, tests, and measures used)
- Expected duration of impairment(s)
- **Symptoms or functional limitations associated with the impairment(s), and severity of each with and without mitigating measures, if applicable (e.g., medication, other treatment)**
- Current medications and possible side effects, if applicable
- Recommended academic adjustments (accommodations), based on functional limitations, and rationale as to why each is necessary

Sensory/Medical/Physical Disabilities

A qualified professional must conduct the evaluation.
A licensed/certified professional who has training and experience in diagnosis of like/similar conditions in adults should conduct the evaluation and write the report.

Documentation must be current.
Documentation needs to describe the current impact of the student's impairment(s) in the educational setting. Documentation should be based on an evaluation performed within a reasonable timeframe, depending on the degree of change associated with the diagnosed condition(s). Generally, a reasonable recency timeframe is not more than three years, but it may be much shorter in many instances. The Office of Student Access and Disability Services reserves the right to set the documentation recency requirement based on the nature of the student's disorder and requested academic adjustments.

Documentation must be comprehensive.
Documentation should include both a description of and evidence of a sensory/medical/physical impairment. A specific diagnosis(es) should be identified. A clinical summary should describe the current severity and expected duration of the

impairment, and a description of the student's functional limitations in the educational environment.
Documentation should indicate any treatments/medications and their side effects that would compromise academic functioning, as well as the ameliorative effects of such treatments/medications. Documentation should relate recommended academic adjustments directly to the student's functional limitations, and rationale (explaining why each academic adjustment is necessary) should be given.

Incomplete documentation could delay approval of eligibility for services. All required documentation should be submitted to the address listed above or Jsneddon@truman.edu