

DISABILITY VERIFICATION FOR STUDENTS SEEKING A MEDICAL ACCOMMODATION

The student listed below is seeking disability-related accommodations at Worcester Polytechnic Institute (WPI). In order to establish eligibility, the student must provide current, comprehensive documentation that establishes the diagnosis(es) and describes the impact on major life activities. Students whose conditions create a substantial or severe limitation to learning or other major life activities may request accommodations to courses, programs, or activities at WPI.

This form should be completed by an appropriate licensed medical professional, who is familiar with the student's health history. Alternatively, information about the student's condition(s) may be provided in letter format from the professional; such a letter should be typed on letterhead, signed, and include the credentials of the signer. The letter must include diagnostic information and describe the severity and impact.

Please attach any additional relevant information to explain the impact of this student's condition on functioning, such as diagnostic reports, etc.

STUDENT COMPLETES THIS SECTION

Permission to release information to Worcester Polytechnic Institute

Name (please print): _____ WPI Student ID#: _____
Permanent Address: _____ Campus Address (if known): _____

Student Primary Phone Number: _____

Signature: _____ **Date:** _____

MEDICAL PROFESSIONAL COMPLETES THIS SECTION

1. Diagnosis

Level of Severity: Mild Moderate Severe

2. History of Illness(es): Date of diagnosis: _____

Length and type of treatment: _____

Describe symptoms that meet criteria for this diagnosis(es) and approximate date of onset:

WPI Office of Accessibility Services
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Has the student been hospitalized for the treatment of this disorder? If so, list approximate dates and length of stay:

Is the student currently on medication? Yes _____ No _____

Will student require local treatment/follow-up? Yes _____ No _____

If yes, have arrangements been made? Yes _____ No _____

3. Describe the student's functional limitations in an academic setting, and degree to which functioning is impaired:

Describe recommendations for accommodations (Please be as specific and direct as possible):

Name, Title (please print): _____

License Number: _____ Address: _____

Phone: _____

Signature: _____

Date: _____

Please send documentation forms to:

WPI Office of Accessibility Services

124 Daniels Hall

Worcester, MA 01609

P: 508.831.4908, F: 508.831.4158 AccessibilityServices@wpi.edu
