



STUDENT ACCESSIBILITY CENTER

Sullivan Center, Suite 117
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Student Accessibility Center (SAC) Disability Verification Form - Academic Accommodations

This form has two parts, both of which must be completed before returning to the SAC. Part A must be completed by the student who is requesting academic accommodations. Part B must be completed by a provider that has been treating or involved in diagnosing the student’s disability and may not be self-written by the student. Students will meet with SAC staff to discuss accommodation requests and will be able to provide additional description of their diagnosed disability, and its impact, during their meeting. The information submitted by providers on this form should be typed. Please be as specific as possible, so that SAC staff has the necessary information to evaluate the request. SAC may also request to speak to providers if more information is needed. There is a separate form for residential life disability accommodations.

Part A (To be completed by Student)

Student Name:

Semester and Year Requested:

1. Please specify the category that best describes your disability and identify your diagnosis next to the category. You may select more than one category if you have a dual diagnosis.

Medical/Chronic Health

Visual Disability

Mental Health

Learning Disability

ADHD

Neurological

Autism

Hearing Disability

Dietary-related

Mobility Disability

Traumatic-brain Injury

Eating Disorder

Allergies

Other Diagnosis/Diagnoses (Specific):

2. Please describe your disability-related barriers to major life activities that you are experiencing at Loyola University or in your current academic environment if you are not yet enrolled at Loyola:

3. Please specify the accommodations you are requesting below:

4. Please confirm you understand that accommodations cannot be implemented until you have met with an accessibility specialist to discuss your accommodation request by typing your initials:

Part B (To be completed by the student's provider)

1. Please describe the student's disability diagnosis and impact of that disability on their functioning. Please describe the major life function(s) that are being impacted by the student's disability.

2. Please describe the frequency, severity (mild, moderate, severe) and duration of disability-related symptoms.

3. Please select which of the following descriptors best describe the student's disability. If there is more than one diagnosis, please describe each in the space provided below.
Permanent
Episodic
Temporary (Anticipated length of disability duration)

4. Please specify the accommodation(s) you are recommending the student must have to successfully engage in their academics at Loyola.

5. How long have you been treating the student for and what is the date of the student's last visit with you.

6. Please describe the clinical reasoning, functional limitations, and/or behavioral manifestations related to the student's disability for which you are recommending that SAC evaluate this accommodation request.

7. Have you considered any alternative accommodations that can provide the same support to the student as the recommended accommodations? If so, what are they?

8. Is there anything else the SAC should know about this student's request or disability that hasn't been asked?

Provider Name (Printed):

Provider Signature:

Provider License Number and State Licensed In (if applicable):

Date Documentation Provided:

Date Received from Medical Provider (if applicable):