**DISABILITY VERIFICATION FOR STUDENTS
WITH MOBILITY, SENSORY, AND SYSTEMIC DISORDERS**

**Qualifications of the Evaluator**

The name, title, and license/certification credentials of the evaluator should be stated in the report.  The following professionals are considered qualified to evaluate mobility, sensory and systemic disorders: treating physician, orthopedic specialist, audiologist, speech pathologist or ophthalmologist who has expertise in evaluating such disorders.  All reports should be on official letterhead, dated, and signed.

**Current Documentation**

Evaluation should be no more than three years old.  Changes may have occurred in the student's performance since a previous diagnosis, or new medication may have been prescribed or discontinued since the initial diagnosis was made.  Documentation should substantiate the need for services based on the student's *current* functioning.

To determine eligibility for support services, the Kentucky Wesleyan College needs specific information about the student's impairment and how this impairment constitutes a substantial limitation to a major life activity.  Toward that end, the physicians report must include the following information.

1. Clinical Diagnosis based on International Classification of Disease, 9th Revision, Clinical Modification (ICD-9-CM), or most recent edition.
2. Date of diagnosis.
3. Last contact with individual.
4. Defined levels of functioning and any limitations.
5. Current treatment and medication.
6. Describe symptoms that meet the criteria for this diagnosis.
7. Summarize present symptoms and prognosis.
8. Identify the major life activities affected by this disorder such as walking, learning, seeing, hearing, sleeping, etc.
9. Is the student currently taking any medication related to the condition for which the student is asking for reasonable accommodations?  If so, please relate the impact of that medication on the student's ability to participate in an academic environment.
10. Please suggest accommodations/modifications to equalize this student's educational opportunities at the post-secondary level.
11. Please attach any other information relevant to the student's individual needs.