



Return form and relevant documentation to:
Office of Student Accessibility Services
Illinois Wesleyan University
PO Box 2900, Bloomington, IL 61702-2900
accessibility@iwu.edu
309-556-3231 (phone), 309-556-3436 (fax)

Medical, Physical, and Visual Disability(ies) Verification

The Office of Student Accessibility Services provides academic accommodations for students with medical, physical or visual disabilities. To determine eligibility, current and comprehensive documentation/verification from the diagnosing/treating physician, or other qualified professional is required. *Submission of this form does not guarantee approval of accommodations.*

Student's Name: _____

Date of Birth: _____ **IWU ID #:** _____

1. Medical, physical, or visual disability diagnosis(s):

2. Date of diagnosis(s): _____ Date of last contact with student: _____

3. The expected duration, stability, or progression of the disability:

4. Nature, frequency, and severity of symptoms of this student's disability(s) (please make sure to comment on all three):

5. Treatments, medications, devices, or services currently prescribed or used to minimize the impact of the disability:

6. Side effects of prescribed medication that may affect cognitive ability and/or academic success:

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7. Describe the student’s functional limitations in a university setting based on their diagnosis(s):

8. State your specific recommendations regarding accommodations ***with a rationale*** that is based on the student’s academic functioning as to why these accommodations are warranted based upon the student’s diagnosis(s):

9. Please indicate any additional information that would help IWU’s Student Accessibility Services assist the student in a university setting:

I verify that the above-named student information is correct, the student is a patient or client that I have been treating, and I am not a relative of the student.

Print name and title: _____ License Number: _____

Street Address: _____ City, State, Zip: _____

Telephone No.: _____ Email: _____

Signature: _____ Date: _____