



ILLINOIS WESLEYAN
UNIVERSITY

Return form and relevant documentation to:
Chandra Shipley, Coordinator of Disability Services
Illinois Wesleyan University
PO Box 2900
Bloomington, IL 61702-2900
cshipley@iwu.edu
309-556-3231 (phone)
309-556-3436 (fax)

Medical, Physical, and Visual Disability(ies) Verification

Disability Services provides academic accommodations for students with medical, physical or visual disabilities. To determine eligibility, current and comprehensive documentation/verification from the diagnosing physician, or other qualified professional is required.

Student's Name: _____

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

1. Diagnosis of medical, physical, or visual disability:

2. Date of diagnosis: _____

3. Last contact with the student: _____

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

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:

Medical, Physical, and Visual Disability(ies) Verification – Page 2

7. The current impact of (or limitations imposed by) the disability:

8. Recommended accommodations with rationale:

9. Please indicate any additional information that would help IWU's Disability 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: _____

Signature: _____ Date: _____

Address: _____

Telephone: _____ Email: _____