



Provider Verification Form

Campus Accessibility Services (CAS) at Plymouth State University (PSU) facilitates academic, physical, and programmatic services and accommodations for students with documented disabilities. **Accommodations are determined on a case-by-case basis based on a review of the documentation provided and an intake meeting with a CAS staff member.** The documentation provided should:

- Establish the impairment and/or disability and date of diagnosis/diagnoses.
- Be completed by a diagnosing or treating licensed provider.
- Explain the current impact of the impairment and/or disability in a college environment, and support the need for the requested accommodations.

Campus Accessibility Services will review and consider all documentation submitted. If the documentation submitted does not support the need for the requested accommodations, further documentation may be required.

There are several ways to provide CAS with documentation of an impairment and/or a disability including:

- **A detailed evaluation or diagnostic report and plan.** Typically, these reports will include information on the student's levels of aptitude, achievement, and information processing. These reports are recommended for students with Learning Disabilities, ADD/ADHD, and Autism Spectrum Disorder.
- **A plan that provides proof of prior accommodations.** This may also include documentation that illustrates any past use of accommodations. (This option would need to be accompanied by one of the other forms of documentation listed here.)
- **Completion of PSU's Provider Verification Form (pages 2-4)** by a licensed provider.
- **A letter from a licensed provider.** This information should be provided on letterhead with the date and signature and provide the following information:
 - Impairment and/or disability and date of diagnosis/diagnoses.
 - Severity of the impact of the impairment and/or disability (mild, moderate, severe).
 - An assessment of major life activities that are impacted (for example: concentration, memory, social interactions, learning).
 - Recommended accommodations.
 - Include test scores when applicable.



Provider Verification Form

(Please type or print clearly)

Student's Name _____

Date of Birth: _____ Student ID: _____

Address: _____

Email: _____ Cell Phone: _____ Other Phone: _____

Diagnostic Information (To be completed by a licensed provider)

Provider Name: _____

Provider Title: _____

Address: _____

Provider Phone: _____ Provider Fax: _____

- Impairment(s)/Diagnosis(es) related to this request for accommodations:

- Date(s) of Onset (approximate) _____

- Severity of the Impact: (Mild) (Moderate) (Severe)

Please describe any major activities impacted by the impairment(s)/diagnosis(es) or symptoms that may need to be addressed in the college environment:

Provider should complete pages 2-4, sign and date page 4, and include any reports with additional information. If a comprehensive report is available providing the information requested, it can be submitted for documentation instead of this form.



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Impairment in Major Life Activities:

Life Activity	Unknown/ Not Applicable	Mild	Moderate	Severe
Mobility				
Concentration				
Memory				
Social Interactions				
Organization				
Attendance				
Speaking				
Reading				
Writing				
Thinking (processing speed)				
Communicating				
Time Management				
Stress Management				
Managing internal distractions				
Managing external distractions				
Eating				
Sleeping				
Self-care				

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Campus
Accessibility
Services

Please state specific recommendations regarding accommodations for this student:

Please describe student strengths and add any additional comments you feel are appropriate:

Licensed Provider Signature: _____ Date: _____