

**Disability Verification Form**  
**University of Maryland Baltimore**  
**Office of Educational Support and Disability Services**

**Purpose of this Form**

At the University of Maryland Baltimore, the Office of Educational Support and Disability Services (ESDS) collaborates with UMB students, faculty, and staff to make education accessible to all students. ESDS oversees the provision of academic accommodations for students with diagnosed disabilities to ensure equal access and opportunity in their educational programs.

We participate in an interactive process with students to implement reasonable accommodations. Documentation can support us in the process of determining if a diagnosed condition meets the legal definition of a disability covered under the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act (1973). The Americans with Disabilities Act (ADA) and the ADA Amendments Act of 2008 define disability as a person who has a physical or mental impairment that substantially limits one or more major life activities for a minimum of 6 to 8 weeks.

Additionally, understanding the functional limitations of the condition and recommendations from your provider can help us determine reasonable accommodations within the context of your academic program. Medical and health information in this form will be kept within ESDS. On rare occasions, ESDS may need to share limited medical or health information with faculty, instructors, and staff for the purpose of assisting with a student's accommodations request.

This form can be used by students interested in registering with ESDS. Please note the following:

- This form must be completed by an impartial licensed or otherwise properly credentialed professional who has appropriate training and experience and has no close, personal relationship with the student being evaluated.
- A good match between the credentials of the individual making the diagnosis and the disability being reported are expected. For example, an orthopedic impairment might be documented by a physician but not by a licensed therapist.
- Any accommodation recommendations included in this form submission are considered recommendations and are **not** guaranteed to be implemented as the only reasonable accommodation available. ESDS may also consider whether the accommodation would pose an undue hardship or cause a fundamental alteration of the program. This can be further discussed by any ESDS staff member as a part of the interactive process.

- Reasonable accommodations may change semester to semester, therefore ESDS may request updated or new supporting documentation.
- Please note that a diagnosis alone does not automatically qualify a student for academic accommodations.

If you have questions or concerns, please reach out to the ESDS office at [disabilityservices@umaryland.edu](mailto:disabilityservices@umaryland.edu) or call us at 410-706-5889.

**Student Information (to be completed by student)****Student Name:****UMID:****UMB School:****UMB Program:****Phone Number:****UMB Email Address:**

By providing my signature below, I authorize the University of Maryland Baltimore's Office of Educational Support and Disability Services and my provider to exchange all relevant information and documentation concerning my disability, both verbal and written information. To determine reasonable accommodations, I understand that information provided by my provider will be used to discuss my disability with appropriate UMB personnel as needed.

**Student Signature:****Date:**

**Health Care Provider Information (to be completed by a professional):** This section must be completed by a licensed or certified professional, who is not related or does not have a personal relationship with the student.

**Today's Date:**

**Student Name:**

**Date of Birth:**

**Date student was first seen:**

**Date student was last seen:**

**How often do you see this student?**

**Provider Name (please print):**

**Credentials or State License or Certification #:**

**Area(s) of Specialty:**

**Phone Number:**

**Email Address:**

**Address:**

By providing my signature below, I verify that the diagnosis and supporting information provided are accurate and that I am a qualified professional who is licensed and properly credentialed to diagnose and treat the stated condition(s):

**Provider Signature:**

**Date:**

You may use an office stamp in the area below (optional):

## **Disability Verification Information (to be completed by a professional)**

### **Section I: Verification of Disability**

The Americans with Disabilities Act (ADA) and the ADA Amendments Act of 2008 define disability as a person who has a physical or mental impairment that substantially limits one or more major life activities for a minimum of 6 to 8 weeks. Please note that not all diagnoses are a disability under the ADA and that a diagnosis alone does not automatically qualify a student for accommodations.

The information on this form should identify a disability, describe its current impact and address how impairment substantially limits a major life activity.

- 1. Is the student's condition, as they are currently experienced, a disability? If no, there is no need to continue further with this form.**

Yes

No

- 2. Diagnosis(es):**

- 3. Are there health concerns that are currently being explored but could impact the student's education? If so, what is the timeline to confirm a diagnosis? (Please include any condition listed in your answers for the rest of the questionnaire)**

- 4. Please describe the current symptoms of the condition, including frequency, severity and pervasiveness of these impacts:**

- 5. If the student has episodic flare-ups, please detail the triggers and the typical frequency and duration of these episodes:**

6. Please describe the *current* functional limitations. How does the student's impairment substantially limit at least one major activity? *For example, in the academic environment, difficulty hearing lectures or class discussions, concentration problems while testing or in classroom settings, difficulties interacting in group projects or discussions.*

## **Section 2: Duration of Associated Functional Limitations**

Permanent, continuous: Symptoms and functional limitations are expected to last throughout their academic tenure with little likelihood of change. Periods of good health are interrupted by periods of illness or disability over the course of their academic career.

Permanent, episodic: Cycles of wellness interrupted by episodes of sickness or impairment throughout their academic tenures. If yes, please provide specific description of occurrences per day/week/month and length of impact:

Temporary: Functional limitations are temporary, or the severity may change, and should be reassessed in the future. Student to be reassessed by:

Provisional: Currently monitoring or assessing the student. Assessment likely to be completed by:

### **Section 3: Current Treatment**

**1. Please select any that apply and indicate frequency of treatment:**

Individual or group therapy:

Physical therapy:

Occupational Therapy:

Scheduled medical appointments related to diagnosis:

Other:

**2. Is the student currently taking medications?**

Yes

No

N/A

**If yes, please describe how the medication impacts the student's ability to participate in the education process or daily living activities, including quantity, frequency, and side effects associated with the medication.**

**3. Does the student require any medical devices or assistive technology to assist with mitigating the symptoms or functional limitations identified?**

#### **Section 4: Recommendations for reasonable accommodations or services**

1. What academic accommodations would you recommend and why? Please state specific recommendations for this student that would help their coordinator understand the access barriers the student is facing or may face due to their disability diagnosis.
2. What non-academic accommodations and services would you recommend and why? For example, accessible parking, ergonomic furniture, etc.
3. Is there any additional information we should be aware of regarding the student's disability and how it might impact their academic functioning at UMB?





### **How to Submit:**

**Provider or student may return the completed form to the Office of Educational Support and Disability Services (ESDS) through the following options:**

1. Email: [disabilityservices@umaryland.edu](mailto:disabilityservices@umaryland.edu)
2. Fax: 410-706-2865
3. Students may upload completed form with their ESDS application.
4. Mail: SMC Campus Center, Suite 304, 621 Lombard Street Baltimore, MD 21201