



Office of Accessible Education & Resource Center
JSU Student Center, Ste. #2110
1400 John R. Lynch Street
Box 17156
Jackson, MS 39217
601.979.3704 Phone,
adaservices@jsums.edu

DISABILITY VERIFICATION FORM

STUDENT INFORMATION: *To be completed by the student (Please Print Legibly or Type)*

Student Name: _____

Contact Number: _____ JSU Student ID: J_____

This accommodation is for the year: _____ and the Fall/ Spring/ Summer semester(s).
(circle one)

I authorize Jackson State University to receive information from the provider listed below. I also authorize my provider to discuss my disability(ies) with the appropriate university personnel to make a proper determination of necessary accommodations. My signature also indicates that the appropriate healthcare provider or their designee has completed the statements and documentation.

Student signature: _____ Date: _____

PROVIDER INSTRUCTIONS: This form must be completed by a qualified licensed professional. Name, signature, title and professional credentials must be provided. Please answer the questions as thoroughly as possible. The form can be emailed to the Office of Accessible Education & Resource Center at adaservices@jsums.edu

Name: _____

Title: _____

License/Certification number: _____ Expires: _____

Facility Name: _____

Facility Address: _____

Contact Number: _____ FAX: _____

Signature: _____

Date: _____



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ATTENTION STUDENT: This form must be filled out in its entirety by your healthcare provider who's care you are currently under.

If this form is completed by anyone other than an appropriate and qualified licensed healthcare professional, the information provided may not be used to support your accommodation request. Jackson State University reserves the right to request additional documentation. Since a request for additional information can result in a delay in your request for accommodations, an appropriate and qualified licensed health care professional will be able to include all requested information.

To the Evaluator:

The student listed above has advised that they have a disability which will require an accommodation at Jackson State University. The information you provide will be used to determine the appropriateness of the requested accommodation(s). Please take the time to complete this form and thoroughly answer all questions. We must receive an original form with your signature and all questions must be answered either on this document or on official letterhead.

Purpose:

The above-named student has requested accommodations for a disability at Jackson State University. The Office of Accessible Education & Resource Center is attempting to determine whether this student has a condition or combination of conditions that constitute a disability and whether the disability causes limitation for which the student needs reasonable accommodation.

This questionnaire is designed to provide OAERC with information to evaluate an accommodation request. The following form must be completed by the student's physician, psychologist, rehabilitation counselor, social worker or any qualified licensed or any qualified licensed or certified professional able to assess the disability.

Documentation will assist OAERC in understanding how the disability impacts the student and the current impact of the condition as it relates to the accommodation request. For the purposes of this document, the legal definition of a disability includes two elements:

1. A physical or mental impairment which
2. Substantially limits one of more of the major life activities of the person in question.

Thus, disability has both diagnostic and functional elements, and BOTH elements need to be documented for effective determination.



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Evaluation of Accommodations Request:

The learning environment and residential living are integral of parts of JSU programs. We evaluate all requests for need-based (disability-related) accommodations carefully. Below is a summary of the factors we consider when evaluating such requests. The answers to all of these questions are important in our decision-making. ***Our goal is to provide access for all students to a safe and supportive environment.***

Please provide answers for the following questions.

1. What is the diagnosis and severity level?

2. When was the condition first diagnosed?

3. What is the evidence supporting the diagnosis? Please provide a copy of any test results supporting the diagnosis (i.e. Audiogram/vision report, psycho-education evaluation, etc.) or other information used to read the diagnosis.

4. How does the student mitigate effects of the condition in their current living situation? How would it differ from living in University Housing?

5. Please state specific recommendations for accommodations required for student's needs, and explain why these accommodations are necessary given their diagnosed condition and associated disability. If requesting virtual accommodations, please explain this reasoning. If the student cannot share communal living space or bathroom, please explain this reasoning.

6. Is there a negative health impact or life threatening impact of the disability if the request is not honored?

7. Is the request an integral component of a treatment plan for the condition in question?

8. Does the student require evacuation assistance? Yes No

*If yes, please describe assistance the student may require:

Please contact the Office of Accessible Education & Resource Center with any questions.