PURDUE UNIVERSITY®
FORT WAYNE

Third-Party Disability Documentation Form

Student Name (First, Last):____

PFW ID Number (900…):________________________

The Purdue University Fort Wayne/Indiana University Fort Wayne student named above is requesting accommodation due to their disability. To properly evaluate how Purdue University Fort Wayne can best meet the student's need for requesting an accommodation, the University requires specific diagnostic information from a licensed clinical professional or healthcare provider who is directly responsible for the treatment of the student's disability, including the intentional use of an accommodation to address specific functional limitations that result from the student's disability-related condition(s)/impairments.

For the accommodation request to be considered, third-party documentation of the disability should be submitted to the Purdue University Fort Wayne Disability Access Center. A good way to submit documentation to the Disability Access Center is for an appropriate licensed professional to complete this form. This information will allow staff at the Disability Access Center to appropriately accommodate the student.

Under the Americans with Disabilities Act (as amended in 2008) and Section 504 of the Rehabilitation Act of 1973, an individual with a disability means any person who:

- Has a physical or mental impairment which substantially limits one or more major life activities;
- Has a record of such an impairment; or
- Is regarded as having such an impairment.

"Major Life Activities" can include caring for oneself, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, sitting, standing, lifting, and working, as well as mental and emotional processes such as thinking, concentrating, and interacting with others.

Documentation submitted to the Disability Access Center should meet the following recommended third-party documentation elements:

- Typed on letterhead, dated, and completed by a qualified professional;
- Identifies any disabilities or conditions;
- Describes the impact of symptoms of the identified condition(s);
- Relevant information regarding severity or prognosis;
- Includes frequency and duration of active symptoms (if cyclical in nature);
- Lists any relevant side effects of medication and treatment; and
- Recommended accommodations.

More detailed information about the process for verifying a disability with the Disability Access Center can be found at www.pfw.edu/dac.

Please provide the following information regarding the student's need for accommodation(s):

1. Date of Diagnosis:___________ Date of last Contact with Student:___________
2. Does the student you have individually examined and treated have a physical or mental impairment that substantially limits one or more major life activities?
   - ☐ No
   - ☐ Yes: Describe what major life activities are impaired:
3. Identify the student's diagnosed-disability related condition(s)/impairment(s):
4. Provide relevant information regarding the severity or prognosis:
5. Provide relevant information regarding the frequency and duration of active symptoms (if cyclical in nature):
6. Is there any further documentation pertaining to the diagnosis, such as a psychoeducational evaluation or other testing that can be provided?
7. Provide any relevant side effects of medication and treatment:
8. Describe the impact of symptoms of the identified disability-related condition/impairment:

DISABILITY ACCESS CENTER | WALB STUDENT UNION, ROOM 113 | 2101 EAST COLISEUM BOULEVARD | FORT WAYNE, INDIANA 46805-1499

o: 260-481-6657 | f: 260-481-6018 | e: dac@pfw.edu | pfw.edu/dac | EA/EOU

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9. What other mitigating measures have been used for the students diagnosed disability-related condition(s)/impairment(s) treatment plan (i.e., medication, coping skills, therapy (frequency), etc.)?:

10. What recommendations do you have regarding effective academic accommodations or services for students to have equitable educational opportunities at Purdue University Fort Wayne/Indiana University Fort Wayne? Describe services or accommodations in exam administration, classroom or study activities, or course requirements. (Note: These recommendations must be clearly related to the specific diagnosis.):

I am verifying that I have conducted a diagnostic assessment of the student, that the information in this form is correct, and that the student is a patient I have been treating.

Provider Name:__________________________ Organization:_______________________________

License #:________________ State:___________

Provider Degree:_________________ Provider Phone #:______________________

Address:__________________________ City:_________________ State:______ Zip Code:_______

Provider Signature:_____________________________ Date:________________

This form can be returned to the PFW Disability Access Center:

Email: dac@pfw.edu
Fax: 260-481-6018
Mail: Disability Access Center, Walb Student Union, Room 113,
2101 East Coliseum Blvd., Fort Wayne, Indiana 46805