

Dear \_\_\_\_\_:


RE:

The above student has applied for supportive services available to qualified individuals with disabilities at LSU Shreveport. Current and comprehensive documentation of the student's disability **must** be on file with SSD to determine appropriate and reasonable accommodations. The student has indicated that you could provide information pertinent to functioning in college.

Please address the criteria outlined below on professional letterhead **OR** complete the attached verification form. A signed release of information form is enclosed.

Thank you for your assistance.

Sincerely,



Paula B. Atkins  
Dean of Students

### **CRITERIA FOR DOCUMENTING MEDICAL DISABILITIES**

1. Clear identification of an actual diagnosis, including pertinent history.
2. A description of present symptoms, fluctuating conditions/symptoms, and prognosis.
3. Current documentation (the age of acceptable documentation is dependent upon the assessment's relevance to the requested accommodations).
4. Discussion of functional limitations in an academic environment which are caused by the impairment.
5. Suggestions of reasonable accommodations to compensate for the limitations and which are supported by the diagnosis.
6. Current medication, dosages, and existing (not possible) side effects.

**LSU SHREVEPORT**  
**Services for Students with Disabilities**  
One University Place  
Shreveport, Louisiana 71115  
(318) 797-5116

**VERIFICATION FORM**

Student name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ D.O.B. \_\_\_\_\_

**DIAGNOSTIC INFORMATION**

Current diagnosis: \_\_\_\_\_

Date of onset of current diagnosed disability: \_\_\_\_\_

Pertinent history:

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Summary of present symptoms:

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Prognosis:

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**MEDICATION/TREATMENT INFORMATION**

Describe current medication needs and side effects and how the medication will affect the student's educational performance:

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Is the student still adjusting to the medication or is the student stabilized on the medication:

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**INFORMATION SUPPORTING ACCOMODATION REQUESTS**

Describe the student's functional limitations in an educational setting:

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Describe any crisis episodes associated with the disability:

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Describe any restrictions:

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How will the disability affect the student's class attendance/participation (attend lectures, contribute to class discussions, do research, write papers, read large amounts of information, meet deadlines, work in small groups, etc.):

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What recommendations are suggested to equalize this students educational opportunities at the post- secondary level? (Describe services/accommodations in exam administration, classroom or study activities, or course requirements.)

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**OTHER INFORMATION**

Describe other accompanying disabilities and attach relevant documentation:

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**CERTIFYING AUTHORITY**

Print name and title: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

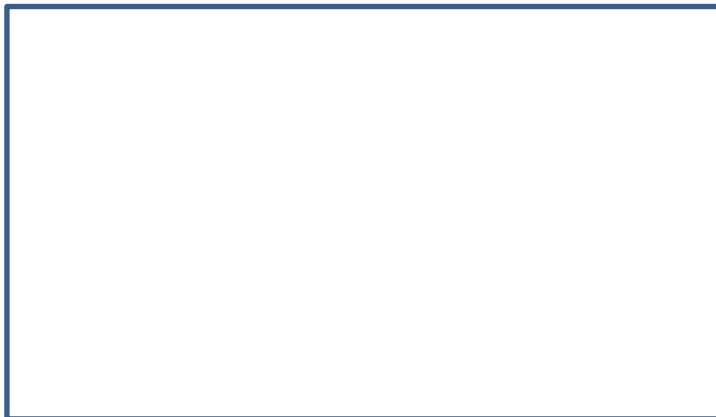
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Phone: \_\_\_\_\_

Signature:

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**Attach your business card:**



**RELEASE OF INFORMATION**

I have requested academic adjustments or auxiliary aids through LSU Shreveport's Services for Students with Disabilities based upon a medical impairment. To develop the most appropriate services, it is necessary to verify the disabling condition and the need for academic adjustments or auxiliary aids. I give my permission to \_\_\_\_\_ to release records/information concerning my condition to the Coordinator of Services for Students with Disabilities for the purpose of educational planning.

Signed,

\_\_\_\_\_  
Student

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date

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