



Lake Forest College- Accessibility Services Reasonable Accommodations Professional Verification Form

The student named below is requesting disability accommodations at Lake Forest College. To make accurate determinations in accordance with the Americans with Disabilities Act and other disability laws, we ask that this form be completed by a licensed, qualified professional with direct knowledge of the student's condition. The certifying professional must be an impartial individual, not related to the student. Should you prefer to provide a letter, please ensure it includes all requested details.

Student Authorization for Release of Information

I authorize the release of the following information from my medical provider to be used for verifying my need for disability accommodations at Lake Forest College. I understand this and other documentation may be reviewed and discussed with members of the Accessibility Services Office as appropriate. I understand that I must meet with a member of the Accessibility Services Office to discuss options related to my request(s) before any accommodation(s) will be put in place. Furthermore, I give my consent for the appropriate Accessibility Services staff, acting on behalf of Lake Forest College, to contact the professional(s) completing this form for additional information as needed.

- **Student First and Last Name:** _____
- **Student Lake Forest College ID Number:** _____
- **Student Signature:** _____

Certifying Professional Information

(To be completed by the medical professional named on this form. A business card or professional stamp with the information requested below may be attached to this form.)

- **Name:** _____
- **Professional Title:** _____

- **License/Certification Number and Issuing Agency:**

This information must correspond with the state or national standards for your profession.

- **State:** _____

- **Phone:** _____

- **Email:** _____

By checking these boxes, I verify that:

- I am the certified professional named above
- I have received signed consent from the patient/student to release this information to Lake Forest College Accessibility Services.
- Are you the student's primary provider? Yes No
- Date of Initial Contact with Student (mm/dd/yyyy): _____/_____/_____
- Date of Most Recent Contact with Student (mm/dd/yyyy): _____/_____/_____

Disability Information

- Does the student have a documented disability under Americans with Disability Act definitions? Yes No
- Diagnosis: _____

- Date of Diagnosis (mm/dd/yyyy): _____/_____/_____
- If the diagnosis was not made recently is there a more recent review of the condition that supports the accommodation request? (mm/dd/yyyy) _____/_____/_____

Level of Severity

Circle the option that is most reflective.

Mild

Moderate

Severe

Expected Duration

Circle the option that is most reflective of the students' need.

Permanent

Chronic/Recurring

Temporary

- If Temporary, please specify the expected end date:

(mm/dd/yyyy). _____/_____/_____

Is this condition episodic in nature? Yes No

Functional Impact and Symptoms

- Primary symptoms: _____

- Frequency of symptoms (e.g. daily, weekly, monthly, etc.): _____

- Duration of symptoms (e.g. minutes, hours, constant): _____

- Severity of symptoms: _____

- Setting(s) where symptoms are most prevalent: _____

Substantial Limitations

The ADA defines a disability as a condition that *substantially limits one or more major life activity*. Substantial limitations are those that significantly restrict the way in which the individual performs a major life activity compared to most people in the general population. Major life activities include, but are not limited to, learning, reading, concentrating, walking, seeing, hearing, communicating, and interacting with others.

Please indicate whether and how this diagnosis and related symptoms substantially limit the student in specific college settings:

- Does the impairment substantially limit a major life activity as compared to most people in the general population? Yes No
- Identify the major life activity or activities impacted by this condition:

- How does the disability limit the major life activity or activities listed?

Impact on Educational Access

- Areas of Potential Impact: Identify any specific aspects of college life (e.g., classroom participation, housing, dining, or facilities access) that the student may have difficulty accessing solely because of their condition.

- How would your recommended accommodations *specifically* mitigate the student's disability and improve educational performance?

Suggested Accommodations

- Recommended Accommodations: Please suggest specific accommodations that you believe should be considered to help the student fully participate in college life and achieve academic access.

- How would the proposed accommodations *specifically* address the student's limitations and improve access to education or campus life?

Additional Information

Please provide any additional information that may assist us in serving this student effectively. Including but not limited to threat to self or others, relevant history of hospitalizations, effective academic or social interventions, and/or medications, treatments, or side effects that may impact the student's academic or social access or be relevant during the accommodation process.

I certify that the information provided in this form is accurate and complete to the best of my knowledge, and that my recommendations for accommodations are made based on the student's current condition and my professional assessment of their needs for full participation in college life at Lake Forest College.

Certifying Professional Signature: _____

Date (mm/dd/yyyy): ____/____/____

If you have any questions or need further assistance regarding this form, please reach out to the Accessibility Services Office at Lake Forest College.

Email: accessibilityservices@lakeforest.edu

Phone: 847-735-5168

Address: Lake Forest College

Accessibility Services- Hotchkiss Hall

555 N. Sheridan Rd.

Lake Forest, IL, 60045- 2338

Office Hours: Monday- Friday 8:30am-5pm CST, excluding College holidays

Students: The information submitted in this form is confidential. This form can be submitted at the time of your application on Accommodate, or added to Documents on Accommodate if you currently have a case in the system. Due to the confidential nature of disability accommodations, please only submit this form to Accessibility Services. Do not submit this form to any other office, department, faculty, or staff.

This form was last updated November 2024.