

Boston University

Office of the Dean of Students

Office of Disability Services
19 Deerfield Street
Boston, Massachusetts 02215

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Boston University
Office of Disability Services

INFORMATION FOR EVALUATORS OF STUDENTS WITH PHYSICAL DISABILITIES

The Office of Disability Services ("Disability Services") provides academic accommodations and services to students with physical disabilities. Students seeking accommodations must provide appropriate medical documentation of their disability so that Disability Services can: 1) determine the student's eligibility for accommodations; and 2) if the student is eligible, determine appropriate academic accommodations.

To verify the disability and its severity, Disability Services requires a letter from the student's physician, as well as a completed and signed copy of the attached form. This documentation should specify the medical diagnosis, and include appropriate medical reports, relevant medical history, and any other medical records or data that would be useful to us in providing appropriate accommodations and services. The documentation, in general, must be no more than one year old, although in certain cases more recent documentation may be required. The documentation should indicate accommodations that are recommended, along with explanations as to why these accommodations are useful for this particular student. This material will be kept confidential and will be utilized only to determine the student's eligibility for accommodation or services, and the type of accommodations or level of service required.

We have established these requirements because incomplete or outdated documentation does not enable our staff to accurately assess the student's accommodation needs. Our goal is to ensure equality of access and opportunity for students with disabilities by providing accommodations and services that will best assist the student in meeting the requirements of his or her particular academic program. Please note that in reviewing the specific accommodation requested by the student or recommended by the physician/evaluator, Disability Services may find that while a recommendation is clinically supported, it is not the most appropriate accommodation given the requirements of a particular student's academic program. In addition, in light of our considerable experience in providing accommodations, Disability Services may also propose clinically supported accommodations that would be appropriate and useful for the student, but which neither the student nor the evaluator have requested.

For additional information regarding specific procedures for students seeking academic accommodations, please refer to the accompanying document entitled *Procedure for Requesting Academic Accommodations on the Basis of Disability*.

DISABILITY VERIFICATION FOR STUDENTS WITH PHYSICAL DISABILITIES

TO BE COMPLETED BY THE STUDENT'S EVALUATOR

Eligibility Criteria for Provision of Accommodations to Students with Physical Disabilities:

1. Current verification of diagnosis and level of severity; and
2. Evidence of functional limitation in the educational setting.

To ensure the provision of reasonable and appropriate services for students with physical disabilities, Disability Services requires students to provide current and comprehensive documentation of their disability and its impact on their education. To standardize the gathering of such information, we ask that you complete the following questions even if the material has already been provided in your letter. All material will be kept confidential.

Thank you for your cooperation.

Student name: _____

Student I.D. or Social Security number: _____-_____-_____

1. Diagnosis:

2. Date of diagnosis: _____/_____/_____

3. Date of last clinical contact with student: _____/_____/_____

4. Approximate duration of disorder:

5. Severity of disorder:

11. Please provide your specific recommendations (based upon your assessment, the student's clinical and academic history, and diagnosis) for accommodations that you believe will help equalize the student's ability to access Boston University's educational program.
12. Please provide any additional information you feel will be useful in determining the nature and severity of this student's disability, and any additional recommendations that may assist Disability Services in determining appropriate accommodations and interventions:

I certify, by my signature below, that the information provided above is true and accurate.	
Signature: _____	Date: _____
Print Name and Title: _____	
Area of Specialty: _____	
State of License: _____	License Number: _____
Address: _____	
Phone:(_____) _____	Fax:(_____) _____

Return this information to:

Office of Disability Services, Boston University, 19 Deerfield Street, Boston, MA 02215.