INDIANA TECH

ACCESSIBILITY SERVICES

Provider Verification Form

Indiana Tech provides reasonable accommodations to students with disabilities who have a verifiable need for reasonable accommodation. A reasonable accommodation is an exception to the usual rules, policies, practices, or services that a resident with a disability may need to have an equal opportunity. Federal law defines a person with a disability as someone who has a physical or mental impairment that substantially limits one or more major life activities. That suggests that a diagnosis (label) does not necessarily equate with a disability (substantial limitation). The enclosed Housing Accommodation Request Form authorizes you to provide the information requested on this form.

Please review the enclosed Academic Accommodation Request Form that explains the student's request for reasonable accommodation and then answer the following questions:

Does the resident have a disability under this definition? Yes/No

What is the Specific diagnosis(es) or condition(s) that impact the student's physical and/or cognitive function?

How long has the student been under your care and when was the last time you saw the student? Does the student require ongoing treatment?

What is the impact of the condition(s) in the virtual and/or physical classroom and/or living environment? Does the condition(s)significantly limit any major activities and what is the severity of any limitations (mild/moderate/severe)? Please explain.

Is there any other information you would like to add that might be helpful to us in working with this student?

Thank you for taking the time to complete this form. If we need additional information, we may contact you at a later date. The named student has signed this form (below) indicating written permission to share additional information with us in support of the request.

Please provide contact information, sign, and date this questionnaire (below), and return it to:

Accessibility Services
Indiana Tech
1600 E. Washington Blvd.
Fort Wayne, IN 46803
accessibilityservices@indianatech.edu

Provider Contact information

Provider Name: _____
First *MI* *Last*

Address: _____

Email address: _____

Telephone: _____

Professional Signature: _____ Date: _____

Type of License: _____ License Number: _____

Student Signature

(Please sign this form *before* providing it to your provider to complete)

By signing below, I consent to allow my provider to share any information relevant to my need for a housing accommodation, as shown on this form, with Accessibility Services for the next 60 days.

Student Signature: _____ Date: _____