



**Accessibility Resources**  
University of Cincinnati Blue Ash College  
9555 Plainfield Road, Muntz Hall Room 112L  
Blue Ash, Ohio 45236

Phone: (513) 792-8625  
Fax: (513) 792-8624

## **VERIFICATION OF ACCESSIBILITY NEEDS**

To determine eligibility for services and appropriate accommodations the office of Accessibility Resources at the University of Cincinnati, Blue Ash requires current and comprehensive documentation of this disability from the diagnosing physician, psychologist or other appropriate professional. The Accessibility Resources office at the University of Cincinnati provides services to students with diagnosed disabilities.

Name of diagnosing Evaluator \_\_\_\_\_

Please answer the following questions pertaining to: \_\_\_\_\_

DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_

1. Please provide the medical diagnosis, date of diagnosis, last contact with the student, and expected duration of the disability.

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2. Describe the symptoms that meet the criteria for this diagnosis.

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3. How does this disability impact the student in an educational setting (functional limitations)?

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4. Please list current medication(s) including dosage, frequency, and adverse side effects and any other prescribed treatment plan(s) for this student's condition.

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### Diagnostic/Healthcare Professional Contact Information

5. Is there any indication that this student may have an additional diagnosis, i.e., ADHD, learning disabilities, etc? If there is, please describe and attach pertinent information?

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6. What recommendation do you have regarding accommodations, i.e., extra time for exams, distraction reduced exam space, etc., and your rationale for these accommodations?

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Name of Evaluator (please print): \_\_\_\_\_

Title / Specialization Area: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Date: \_\_\_\_\_

Thank you for your assistance! If you need any additional information in order to complete this form please contact the Accessibility Resources Office at (513) 792-8625. Completed forms may be mailed address and or faxed listed above



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