Medical Care Provider Verification Form

This form has been sent to you because a student at Brandeis has or is planning to request housing accommodations for medical needs. An important part of the accommodations process is acquiring appropriate documentation that establishes the nature and severity of an individual’s disability or disabilities. Completing this form (this includes uploading appropriate reports and evaluations) will help the Housing Medical Accommodations Review Committee (HMARC) determine appropriate accommodations in a timely manner. The student making this request should have emailed a copy of their Accommodation Request along with the link to this form. Please refer to this form for a better understanding of what the student is hoping to document and what specific accommodations they are seeking.

Please take note of the following as you complete this form: The evaluation must be current (this is determined based on the specific disability). As a general guideline, we ask that mental health diagnoses be within 6 months from the date of submission of this form and within 1 year for most physical conditions. The evaluation must be conducted by a qualified professional, who is not a relative of the student. Examples include, but are not limited to: audiologist, medical doctor, optometrist, psychiatrist, psychologist, therapist, social worker, speech-language pathologist. The medical care provider should have training or expertise in the condition which they are speaking about.

Please complete all sections of this form. You will also have the opportunity to upload any other documents or information (e.g., audiogram, neuropsychological evaluation, etc.) you think would be relevant in determining the student’s housing accommodations. It is critical that you upload all supporting information. In accordance with the Family Educational Rights and Privacy Act (FERPA) regulations the information you provide will be kept in the student’s electronic file with the Department of Community Living, where it will be held securely and confidentially. The information may be shared with members of the HMARC, which includes staff from the Department of Community Living, Student Accessibility Support, the Brandeis Health Center, the Brandeis Counseling Center, and the Office of Equal Opportunity.

If you have questions regarding the information being requested on this form, please contact:
Department of Community Living
Usdan G032
Brandeis University
415 South Street, MS 220
Waltham, MA 02453
781-736-5060
dclaccommodations@brandeis.edu

Q59. Your Information

Q43. Name of practitioner

example

Q45. Degree/specialty

example
Q47. Phone #

example

Q49. Email address

example

Q51. Medical License

State Issued

example

Number

example

Q53. Student Information

Q55. Name of the student:

example

Q5. How long has the student been under your care?

- Less than 1 month
- Between 1 to 6 months
- Between 6 months to 1 year
- Approximately 1 to 2 years
- Approximately 2 to 3 years
- Approximately 3 to 4 years
- Approximately 4 to 5 years
- Over 5 years

Q7. When was the last time you saw the student for consultation or treatment?

example

Q9. Primary diagnosis, including diagnostic criteria if applicable (DSM, ICD):
Q11. Date of primary diagnosis:

example

Q13. What methods were used to make the diagnosis?

- [x] Developmental history
- [x] Interviews
- [ ] Interviews with other people
- [ ] Medical history
- [ ] Medical tests
- [x] Observations
- [ ] Psychological testing
- [ ] Rating scales
- [x] Other example

Q15. How long is the condition likely to persist?

- [ ] Lifetime
- [ ] 5 years
- [ ] 1 academic year
- [ ] 1 semester
- [ ] 1 month
- [ ] Other, please specify

Q25. Include any assessments, evaluations, or other relevant documentation to support the diagnosis (behavioral scales, hearing tests, medical/chronic health diagnosis letter, neuro/psychological evaluation reports, observation protocols, surveys, vision tests, etc.).

Q17. Does the student have any additional, relevant diagnoses?

- [ ] Yes
- [ ] No
- [ ] Unsure
Q19. Additional diagnosis including diagnostic criteria if applicable (DSM, ICD):

   This question was not displayed to the respondent.

Q21. Date of additional diagnosis

   This question was not displayed to the respondent.

Q23. What methods were used to make the diagnosis?

   This question was not displayed to the respondent.

Q27. How long is the condition likely to persist?

   This question was not displayed to the respondent.

Q60. Include any assessments, evaluations, or other relevant documentation to support the diagnosis (behavioral scales, hearing tests, medical/chronic health diagnosis letter, neuro/psychological evaluation reports, observation protocols, surveys, vision tests, etc.).

   This question was not displayed to the respondent.

Q29. Does the student have any additional, relevant diagnoses?

   This question was not displayed to the respondent.

Q36. Additional diagnosis including diagnostic criteria if applicable (DSM, ICD):

   This question was not displayed to the respondent.

Q37. Date of additional diagnosis

   This question was not displayed to the respondent.

Q38. What methods were used to make the diagnosis?

   This question was not displayed to the respondent.

Q56. Does the student have any additional, relevant diagnoses?

   This question was not displayed to the respondent.

Q39. How long is the condition likely to persist?
Q40. Include any assessments, evaluations, or other relevant documentation to support the diagnosis (behavioral scales, hearing tests, medical/chronic health diagnosis letter, neuro/psychological evaluation reports, observation protocols, surveys, vision tests, etc.).

Q43. Additional diagnosis including diagnostic criteria if applicable (DSM, ICD):

Q44. Date of additional diagnosis

Q45. What methods were used to make the diagnosis?

Q46. How long is the condition likely to persist?

Q47. Include any assessments, evaluations, or other relevant documentation to support the diagnosis (behavioral scales, hearing tests, medical/chronic health diagnosis letter, neuro/psychological evaluation reports, observation protocols, surveys, vision tests, etc.).

Q48. Does the student have any additional diagnoses?

Q50. Additional diagnosis including diagnostic criteria if applicable (DSM, ICD):

Q51. Date of additional diagnosis

Q52. What methods were used to make the diagnosis?
Q31. Impact of the Disability(ies) and Possible Accommodations

Q33. What major life activities do the student's condition(s) impair and how severe is the impairment? **Only select applicable impairments.**

<table>
<thead>
<tr>
<th>Task</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Profound</th>
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<tbody>
<tr>
<td>Bending</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Breathing</td>
<td>●</td>
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<tr>
<td>Caring for oneself</td>
<td></td>
<td>●</td>
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<tr>
<td>Concentration</td>
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<tr>
<td>Communication</td>
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<tr>
<td>Emotion regulation</td>
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<tr>
<td>Executive functioning</td>
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<tr>
<td>Hearing</td>
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<tr>
<td>Interacting socially</td>
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<tr>
<td>Learning</td>
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<td>Lifting</td>
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<td>Listening</td>
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<tr>
<td>Managing distractions</td>
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<tr>
<td>Managing stress</td>
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<tr>
<td>Memory</td>
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<tr>
<td>Organization</td>
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<tr>
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<tr>
<td>Planning</td>
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<tr>
<td>Processing speed</td>
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<tr>
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<tr>
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<tr>
<td>Sleeping</td>
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<td>Stamina</td>
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<td>●</td>
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</table>
Q39. Do you anticipate the student will require any of the following? **Check all that apply**

- Single Room
- Double Room
- Low Floor/Elevator
- High Floor
- Air Conditioning
- No Carpet
- Carpeted Room
- Minimal Walking Distance
- Kitchen Access
- Bed Shaker/Emergency Strobe Lighting
- Emotional Support Animal
- Other

Q35. Please describe the impact that the student’s condition could have on his/her experience living in the residence halls at Brandeis. (To provide context, most of our first and second year students will live in a double room with one other roommate. Most of our upperclass students live in a suite or apartment with a private bedroom):  

example

Q37. Based on the previously identified impacts, identify any accommodations you believe may be necessary in order for the student to participate in the University’s programs, activities and services. If you can, we ask that you speak specifically to the accommodations the student has requested in their form (as well as any others they may not have requested):  

example
Q41. Please provide any additional information you feel will be useful in determining appropriate accommodations and interventions:

example

Q57. Include any assessments, evaluations, or other relevant documentation or information to support the diagnoses that were not already submitted.

Q57. By signing below, I agree that this form has been filled out by either the Medical Care Provider or an authorized representative of their office. I agree that the information included is accurate and authentic.

Location Data

Location: (42.356704711914, -71.252502441406)
Source: GeolP Estimation