



SOUTHWESTERN CHRISTIAN UNIVERSITY AT BETHANY, OK

Disabilities Services • 7210 NW 39<sup>th</sup> Expy • Bethany, OK 73008-3637  
[disability.services@swcu.edu](mailto:disability.services@swcu.edu) (405) 789-7661 • FAX (405) 495-0078 • VP (405) 789-7661 Ext: 3424

**Disabilities Services  
Verification Form for Students  
with a Temporary Disability**

This form is intended to assist in meeting our documentation requirements for these disabilities. However, if not thoroughly completed, it may not be sufficient as the sole form of documentation provided. This documentation should provide information regarding the date of diagnosis, approximate durations of the condition, and the functional limitations with regard to how it interferes with educational achievement. To standardize our gathering of information, it is recommended that you complete the following questions, even if the material has already been included in your full evaluation. All information will be kept confidential. Please feel free to contact Disabilities Services (DS) at (405) 789-7661 Ext: 3424 with questions.

*The information below is to be completed and signed by the student.*

I request and authorize Southwestern Christian University at Bethany, Oklahoma, and Disabilities Services and/or my off-campus provider

(name) \_\_\_\_\_ to release, fax, mail or discuss with each other information related to my registering with Disabilities Services (DS).

Student Name \_\_\_\_\_ EID \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*If the information above is left blank or is incomplete it may delay or prevent DS from contacting the student to verify receipt of the documentation and provide next steps for completing the registration process.*

*The information below is to be completed and signed by the Provider.*

**1. Current diagnosis, injury, and/or condition:**

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a. Date diagnosed: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

b. Approximate duration of diagnosis, injury, and/or condition

- 2 weeks or
- 2-4
- 4-8
- 8-12
- Unknown (please \_\_\_\_\_)

c. Current treatment/medication: \_\_\_\_\_  
\_\_\_\_\_

**2. Functional Limitations**

a. Does this condition significantly limit one or more of the following major life activities?

	No Impact	Moderate Impact	Substantial Impact	Don't Know
Communicating				
Concentrating				
Hearing				
Learning				
Manual Tasks				
Reading				
Seeing				
Thinking				
Walking				
Working				

Other:				
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b. Please check the current **functional limitations or behavioral manifestations** for this student:

	Not an Issue	Moderate Issue	Substantial Issue	Don't Know
Cognitive Processing				
Memory				
Processing Speed				
Meeting Deadlines				
Attending class				
Organization				
Reasoning				
Stress				
Sleep				
Appetite				
Other:				

**3. Accommodations**

(Optional) Recommended educational accommodations, including course load reduction:

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*Thank you for your help in providing this information so that we may begin services as soon as possible. Please complete the provider information on the next page. This form should be signed and returned via fax or mail to the DS office at the address shown at the end of this document.*

***All documentation submitted to DS is considered confidential.***

***Provider Information***

I certify, by my signature below, that I conducted or formally supervised and co-signed the diagnostic assessment of the student named above.

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

Print Name and Title: \_\_\_\_\_

State of License: \_\_\_\_\_ License Number: \_\_\_\_\_

Address \_\_\_\_\_

Street or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Please return this form to:**

Southwestern Christian University at Bethany, OK  
Disabilities Services  
7210 NW 39<sup>th</sup> Expy  
Bethany, OK 73008-3637  
Phone: (405) 789-7661  
Fax: (405) 495-0078  
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***Attach Provider Business Card Here***