Heidelberg UNIVERSITY

The Owen Center
for Academic & Career Support

Office of Student Accessibility Services

Our mission is to provide students with disabilities and other accessibility needs the services and supports they need to achieve equal access in pursuing higher education at Heidelberg University while also serving the wider campus community as a resource in understanding disability, accessibility, and inclusivity.

Coordinator of Student Accessibility Services
310 E. Market St, Suite 315
Tiffin, OH 44883

accessibilityservices@heidelberg.edu

Provider Verification Form

This form is for licensed providers to supply verifying documentation as well as professional recommendations for current Heidelberg University students applying for accommodations. This will be used to identify appropriate academic, housing, dining, or other accommodations for a disabled student or a student with other accessibility needs. This form is not intended to serve as a prescription nor as an aspect of medical treatment. Please keep in mind, all recommendations will be considered in the interactive process, although are not strictly guaranteed. If necessary, please attach any supplemental information, including but not limited to prescriptions, evaluations, reports, etc. If you have any questions or concerns, please contact us via the above contact information. Thank you!

Please answer the following questions as in-depth as is reasonable.

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1. **Student Name:** _____

2. **How long have you been a provider for this student?** _____
   _____

2. **Describe their disability, condition, or impairment. Please include diagnosis.**
   _____
   _____
   _____
   _____

3. **How long has the student had this condition?** _____
   _____

4. **How long will this condition impact the student?** _____
   _____

5. **What medication, treatment, devices or other tools does the student utilize? Please also describe any experienced side effects or other special considerations.**

_____
_____
_____
_____
_____
_____

6. **Please describe the barriers to equal access the student may experience.**

_____
_____
_____
_____
_____
_____

7. **What accommodations would you recommend to remove or minimize these barriers?**

_____
_____
_____
_____
_____
_____

Provider Name: _____
Address of Practice: _____
_____
_____
_____
Phone Number: _____
Fax Number: _____
Provider License: _____

Provider Signature: _____