

Clinician Verification

NEW YORK INSTITUTE OF TECHNOLOGY

Office of Accessibility
Services

STUDENT INFORMATION To be completed by the appropriate treating clinician

Last name	First name	Date	MM/DD/YYYY
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The student named above seeks to register with the Office of Accessibility Services (OAS) at New York Institute of Technology. In determining eligibility for accommodations, the OAS requires verification of a disabling condition pursuant to the Americans with Disabilities Act.

1. Diagnosis/Description of the condition which necessitates accommodations (please include ICD-10 or DSM-V code(s)):

2. Symptoms/Manifestations:

3. Does this condition substantially limit the ability to perform a major life activity? If yes, what activities are impacted?

4. Approximate date the diagnosis was established: MM/DD/YYYY

5. Current treatment approach (including ongoing therapies, prescribed medications and PRN interventions):

6. The noted condition is:

Permanent/Chronic

Long term: 6–12 months

Short term/Temporary: 6 months or less

7. Please indicate the accommodation(s) you recommend:

Test-Specific Accommodations:	Classroom/Academic Accommodations:	Other Accommodations:
1.5x Extended Time	Preferential Seating	Preferential Housing Arrangements
2x Extended Time	Permission to Audio-Record Class	Wheelchair/Scooter Accessibility
Distraction-Reduced Testing Location	Use of Assistive Listening Devices	Priority Registration
Writing/Typing Assistance	Attendance Flexibility	Dietary Needs
Magnified Text	Deadline Flexibility	
Breaks every ____ minutes (Approx.)	Breaks every ____ minutes (Approx.)	
Reader	ASL Interpreter	
Alternative to Scantrons	CART Services	
Calculator	Note-Taker	
	Laptop for Notes/Word Processing	

8. Please use this space (and additional pages if needed) to recommend any other accommodations, and/or to provide further information about the student's disabling condition to aid the OAS in understanding the student's needs. You may wish to note the severity of the condition, how critical accommodations are to the student's health, safety and success, etc.:

CERTIFYING PROFESSIONAL

Signature		Date	MM/DD/YYYY
Name		Title	
Name of agency			
Address			
City	State	Zip code	
Phone number		Fax number	

All documentation submitted for consideration to the New York Institute of Technology OAS is confidential. When submitting documentation, please include a copy of any available releases allowing communication between the OAS and the diagnostician.

OFFICE OF ACCESSIBILITY SERVICES INFORMATION Documentation should be sent to:

Long Island campus Mail: P.O. Box 8000, Old Westbury, NY 11568 Fax: 516.686.7891 Email: hschorr@nyit.edu Phone: 516.686.4934	New York City campus Mail: 1855 Broadway, New York, NY 10023 Fax: 212.261.1743 Email: erakers@nyit.edu Phone: 646.290.6126
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All recommendations are considered, but not all can be guaranteed. Decisions are made based on the nature of the disability, reasonableness of the request, and academic integrity.