

Office of Accessible Education
275 Eastland Road
Berea, Ohio 44017
<https://www.bw.edu/accessible-education>
Email: disability@bw.edu
Fax: (440) 826-3832

Autism Spectrum Disorder (ASD) Verification Form

The Office of Accessible Education (OAE) provides services and accommodations for students with diagnosed disabilities. The documentation provided must demonstrate a disability covered under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990. The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activity. For a student to be considered eligible to receive reasonable accommodations, the documentation must show the functional limitations that impact the individual in the post-secondary setting.

OAE requires current and comprehensive documentation to determine appropriate services and accommodations. As a guideline, Baldwin Wallace University generally requires documentation prepared within the last 36 months (3 years). The University reserves the right to request updated or more extensive documentation as appropriate. The information outlined below is necessary to evaluate eligibility for accommodations.

- < The professional(s) conducting the assessment, rendering a diagnosis, and providing recommendations for reasonable accommodations must be qualified to do so. These persons generally are trained, certified or licensed physicians, psychiatrists, clinical psychologists, or neurologists.
- < All parts of the form must be completed as thoroughly as possible.
- < The provider should attach any reports which provide additional, related information. A copy of a relevant evaluation report may be submitted as documentation, in lieu of this form, as long as it is comprehensive, current, and meets all of the documentation requirements as outlined in the Baldwin Wallace University General Guidelines for Documentation, available at <http://www.bw.edu/accessible-education>.
- < The information provided on this form is NOT part of the student's permanent educational record, but will be maintained with OAE.

STUDENT INFORMATION (Please Print)

Name (Last, First, Middle): _____

Date of Birth: _____ BW ID Number: _____

Status (check one): current student transfer student prospective student

Phone: (_____) _____ - _____ BW Email: _____@bw.edu

Address (street, city, state, zip code): _____

By signing below, the student grants

DIAGNOSTIC INFORMATION (Please Print)

1. Date of initial contact with the student: _____

2. Date of last contact with the student: _____

3. Does the student have a clinical history of ASD symptoms?

Yes

No

4. Approximately at what age or grade did the student start to exhibit ASD symptoms? _____

5. What date was the student diagnosed with ASD? _____

6. Provide information regarding the student's current presenting symptoms with regard to the following:

social interaction, reciprocal verbal communication, shared emotions and affect	
nonverbal communication	
restricted, repetitive patterns of motor behavior, stereotypes	
inflexible adherence to routines	
hyper- or hypo-reactivity to sensory input	

7. DSM-V Diagnosis(es) or rule-out diagnoses (Include the principal diagnosis and code for each): _____

8. What are the student's functional limitations, attributable to ASD? How does the impairment affect the student's performance? _____

9. What is the severity of the disorder with regard to social communication impairments and restricted, repetitive patterns of behavior, based on the DSM-5 severity rating scale (below)?

Social Communication: Level 1 Level 2 Level 3

Restricted Interests & Repetitive Behaviors: Level 1 Level 2 Level 3

Social Communication

Achievement: List (a) the name of the comprehensive and current achievement battery administered; (b) the standard scores per academic area subtest; and (c) the percentiles per academic area subtest: _____

12. Major Life Activities Assessment:

P(order (ASD)