

**GOOD SAMARITAN COLLEGE OF NURSING AND HEALTH SCIENCE
CINCINNATI, OHIO**

**LEARNING DISABILITY/DISORDER VERIFICATION FORM
(To be completed by the Qualified Diagnosing Evaluator)**

Good Samaritan College of Nursing and Health Science is respectful of students' rights and responsibilities in accordance with the Americans with Disabilities Act of 1990 (ADA) as amended by the ADA Amendment Act of 2008 and Section 504 of the Rehabilitation Act of 1973. Any qualified student with a disability may request an accommodation to ensure that the academic program does not discriminate against or have the effect of discriminating against that student. The disability/disorder must not prohibit the student from meeting the course outcomes. To determine eligibility for academic accommodations the College requires current and relevant documentation from a qualified professional with expertise in the area of the diagnosed disability / disorder that establishes a disability, its impact on the student, and confirms the need for each accommodation requested. The documentation must be sufficient to apprise the College that the student currently has a disability that excludes the student from participation in, denies the student the benefits of, or otherwise subjects the student to discrimination in any program or activity.

The following documentation pertains to:

Student's Name (Print)

Student's Signature

Date

Information requested:

1. Date of diagnostic tests:
2. Date of last contact with student:
3. Specific diagnosis of learning disability/disorder/DSM V:

4. Describe student's symptoms that meet the criteria for this diagnosis. Address specific major life activities affected by the disability/disorder and the impact the disability/disorder has on the student's academic studies.

5. Detail each diagnostic test administered with the test results.

6. In order to assist the College and the student in identifying effective accommodations, please include any recommended academic accommodations and supporting rationale as it relates to this student's diagnosis.

Name and Title and Credentials of Qualified Diagnosing Evaluator (please print):

Signature: _____

Date: _____

Address: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone: _____ Email Address: _____

Please return this information to: College Compliance Officer

Angela Liggett, College Compliance Officer
Good Samaritan College
375 Dixmyth Ave.
Cincinnati, OH 45220
Office: 872.39
Email: angie.liggett@email.gscollege.edu or
Angie_liggett@trihealth.com
Phone: 513.862.2352
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