

Disability Services

Rendezvous Building, Room 125

921 S. 8th Avenue, Pocatello, ID 83209-8121

# VERIFICATION FORM FOR EMPLOYEES WITH DISABILITIES

Employee:       Date of Birth:

Date of last clinical contact with employee:

## DSM-5, ICD-10 Diagnosis, Other

|  |  |  |  |
| --- | --- | --- | --- |
| Diagnosis | Level of Severity (mild to severe) | Age of Onset  |  Prognosis |
| 1.       |       |     |       |
| 2.       |       |     |       |
| 3.       |       |     |       |
| 4.       |       |     |       |
| 5.       |       |     |       |

## Functional Limitations

Functional limitations should be determined without consideration of mitigating measures, such as medication. If condition is episodic in nature, level of functioning should be assessed based on active phase of symptoms. Does this condition **significantly limit one or more of the following major life activities**? Check all that apply and **check level of impact** (moderate or severe):

[ ]  **Communicating** ([ ]  moderate or [ ]  severe) [ ]  **Learning** ([ ]  moderate or [ ]  severe) [ ]  **Hearing** ([ ]  moderate [ ]  severe)

**[ ]  Concentrating** ([ ]  moderate or [ ]  severe) [ ]  **Working** ([ ]  moderate or [ ]  severe) [ ]  **Reading** ([ ]  moderate [ ]  severe)

**[ ]  Manual Tasks** ([ ]  moderate or [ ]  severe) [ ]  **Seeing** ([ ]  moderate or [ ]  severe) [ ]  **Thinking** ([ ]  moderate [ ]  severe)

[ ]  **Walking** ([ ]  moderate or [ ]  severe) [ ]  **Other:**       ([ ]  moderate or [ ]  severe)

## Behavioral Manifestations

Check all that apply and check degree of issue (moderate or substantial)

[ ]  **Cognitive Processing** ([ ]  moderate or [ ]  substantial)**[ ]**  **Memory** ([ ]  moderate or [ ]  substantial)

[ ]  **Processing Speed** ([ ]  moderate or [ ]  substantial) [ ]  **Meeting Deadlines** ([ ]  moderate or [ ]  substantial)

[ ]  **Attending Work** ([ ]  moderate or [ ]  substantial)**[ ]  Organization** ([ ]  moderate or [ ]  substantial)

[ ]  **Reasoning** ([ ]  moderate or [ ]  substantial)**[ ]  Stress** ([ ]  moderate or [ ]  substantial)

[ ]  **Sleep** ([ ]  moderate or [ ]  substantial) [ ]  **Appetite** ([ ]  moderate or [ ]  substantial)

[ ]  **Other** **(**[ ]  moderate or [ ]  substantial)

## Recommended Accommodations

Based on your **diagnoses for this employee, their functional limitations, behavioral observations, interviews, and testing**, check all of the following that you would recommend we consider as employment accommodations:

**[ ]  Modified work schedule** **[ ]  Work from home** **[ ]  Leave without pay** **[ ]  Additional breaks**

**[ ]  Service Animals** **[ ]  Large Print/Braille** **[ ]  Assistive Technology** **[ ]  Alternative Formats**

**[ ]  Modify work area** **[ ]  Policy Modification** **[ ]  Eliminating non-essential duty** **[ ]  Adjust workplace lighting**

**[ ]  Sign Language** **[ ]  Recording meetings** **[ ]  Assistive Listening Device** **[ ]  Permission to have food/drink**

**[ ] Special Furniture - Explain\_****[ ]  Other - Explain:**

## Provider Details/Signature

Provider Name:       Title:       Date:

Signature:       Phone:       Fax:

Disability Services, Phone: (208) 282-3599 Voice/TTY; Fax (208) 282-4617; [www.isu.edu/disabilityservices](http://www.isu.edu/disabilityservices)