

## Verification of Disability

The student named below may be eligible for support services at College of the Canyons. In order to provide services, we must have a verification of disability.

Name \_\_\_\_\_ Student ID # \_\_\_\_\_  
 Last First - M.I.

**Please provide the following information in full:**

1. Description of disability(ies), including Diagnosis: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
2. For Psychiatric or Psychological Diagnosis: \_\_\_\_\_ DSM V Code \_\_\_\_\_
3. Functional Limitations (i.e., limited ambulation, visual acuity, degree of hearing loss, etc.): \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
4. Prescribed medications (and dosage) that adversely affect the student in the classroom: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
5. The above mentioned disability(ies) is/are: ☐ Observable ☐ Not Observable
- ☐ Permanent/Chronic Temporary: ☐ Less than 45 days ☐ 45 to 90 days

### **Educational / Functional Limitations**

**Within the educational environment of this college, this student may have difficulty in the following areas:**

- ☐ Producing class notes, homework assignments, and other written requirements
- ☐ Seeing or processing visually presented classroom materials
- ☐ Hearing or processing lectures, student discussions, and other orally presented information
- ☐ Taking tests in a traditional manner (i.e., extended time, distraction reduced environment, etc.)
- ☐ Completing course requirements without group tutoring
- ☐ Planning appropriate classes
- ☐ Interacting with college instructors, counselors, and other college personnel
- ☐ Transversing significant distances in a timely manner
- ☐ Climbing stairs and successfully negotiating other physical barriers on campus
- ☐ Using certain college facilities, equipment, and materials
- ☐ Other

It is understood that information furnished on this form is provided with a written release from the above named student and will be used in confidence for the educational benefit of this student.

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Print or Type Name- Certifying Professional

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please verify this form with your official stamp.**