

Disability Resource Center

Skyline College, Building 5, 5-132
T: (650) 738-4280, F: (650) 738-4228

Disability Verification Form

Student/Patient Name: _____

Phone: _____ Social Security #: _____

Birthday: _____ G#: _____

I hereby authorize the release and exchange of confidential educational, vocational, medical and psychological information between DRC at Skyline College and the listed individual/agency.

X _____ Date: _____

Name of physician: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

To qualify for accommodations, students must present documentation from a qualified licensed professional that indicates a specific disability exists and that the disability substantially limits one or more major life activities. The Disability Verification Form assists the DRC Coordinator in determining the student's eligibility for reasonable accommodations. **Please complete the form in full and return to the above address or fax number.** If you have any questions or concerns, please contact the DRC Coordinator at the number above.

Description of diagnosis/disability: _____

Date of diagnosis: _____ Date of last contact with the student: _____

What is the severity of the disorder? ____mild ____moderate ____severe

What is the duration of the disorder? ____temporary ____permanent ____episodic

Symptoms of diagnosis/disability: _____

How did you arrive at the diagnosis? Please include any relevant tests performed on the student and the date of administration.

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Functional limitations affected by disorder (check all that apply):

- Cannot sit/stand for long period of time Poor concentration Unable to handwrite
 Difficulty speaking/hearing/seeing Difficulty with memory Reduced mobility
 Pain Other: _____

Major life activity or activities affected by disorder (check all that apply):

- Caring for self Performing manual tasks Walking Seeing Hearing
 Breathing Learning Working None Other: _____

Describe how the disability may affect the student's academic performance.

Is the student taking any medication for the disability? yes no
If yes, describe the medication(s), side effects, and effect on academic performance.

What academic accommodations do you recommend for the student? Academic accommodations include (but are not limited to): note taker, use of a recorder, extended time, distraction reduced testing environment, etc.

You are welcome to provide any additional information you believe is relevant to the student's accommodation request.

This form was completed by:

Name: _____

Professional Title

License number

X _____
Signature