



## DISABILITY VERIFICATION

Student Name: \_\_\_\_\_ GWC Student ID: \_\_\_\_\_

Address: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**Items 1 through 4 must be completed by a Licensed Professional. Reports and test scores must be included for some disabilities. See page 2 of this form for requirements.**

1. Diagnosis of Disability:  ADHD  Blind/Vision  Autism  
 Acquired Brain Injury  Speech/Language  Deaf/Hard of Hearing  Physical/Mobility  
 Learning Disability  Intellectual Disability  Other: \_\_\_\_\_  
 Mental Health - **DSM-IV AXIS I & II Diagnosis and Code(s):** \_\_\_\_\_

2. Please provide the following activities significantly limited by above stated disabilities and/or side effect of medication. *Indicate level of severity as mild, moderate, or severe. 1 = mild, 2 = moderate 3 = severe*

**Mobility:**

- Fine Motor
- Manual Dexterity
- Ambulation
- Range of Motion
- Balance/Coordination
- Sitting
- Lifting
- Standing
- Reaching
- Stopping

**Learning:**

- Attention/Concentration
- Information Processing
- Memory
- Writing
- Reading
- Math Reasoning

**Communication:**

- Receptive Language
- Expressive Language
- Interacting with others

**Sensory:**

- Hearing: Please verify loss at 500db, 1000db, 2000db
- Left: \_\_\_\_\_ Right: \_\_\_\_\_
- Visual: Please verify visual acuity (i.e. 20/200)
- Left: \_\_\_\_\_ Right: \_\_\_\_\_

**Psycho/Emotional:**

- Affect
- Coping w/ stress
- Awareness
- Other:**
- Breathing
- Stamina
- Alertness
- Other activities limited: \_\_\_\_\_

Medications prescribed & dosage: \_\_\_\_\_

Accommodations Recommended: \_\_\_\_\_

Do you recommend:  Reduced Course Load  Extended Test Time  Priority Registration

3. Disability is  Permanent/Chronic  Temporary: 45 days or less  Temporary: 45 days or more

4. Disability is  Observable  Not Observable

### Licensed Professional Information

Signature: \_\_\_\_\_ Title/License #: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

*The Coast Community College District uses the information requested on this form for the purpose of determining a student's eligibility to receive authorized special services provided by the Disabled Students Programs & Services (DSPS). Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure. Portions may be shared with the Chancellor's Office of the California Community Colleges or other state or federal agencies, in such a manner as to comply with applicable statues regarding confidentiality, including the Family Educational Rights & Privacy Act (20 U.S.C. 1232(g)). The information is being collected pursuant to California Education Code section 67310+67312, and 84850; and California Code of Regs. Title 5, Section 56000 et seq.*

## DOCUMENTATION REQUIREMENTS FOR VERIFICATION OF DISABILITY

To receive services through the Disabled Students Programs & Services at Golden West College, a student must provide current documentation of a verified disability (including educational limitations and recommended accommodations) to the DSPS office.

- Documentation of Physical/Mobility and Mental/Psychological Disability should be dated within 90 days of the request.
- All other disability documentation should be dated within 3 years of the request.
- Please ensure that Educational Limitations and Recommended Accommodations are notated on the first page.
- Students with an Individualized Education Plan (IEP) must submit most recent IEP and/or Multidisciplinary Report.

<b>Disability &amp; Qualified Licensed Professional</b>	<b>Required Documentation</b>
<b>Acquired Brain Injury</b> (deficit in brain functioning resulting in loss of cognitive, communicative, motor, psychological, and/or sensory/perceptual abilities) <ul style="list-style-type: none"> <li>• Neurologist or Neuropsychologist</li> <li>• Physician</li> </ul>	<b>Cognitive rehabilitation report/neurological assessment/medical report documenting the disability</b> <ul style="list-style-type: none"> <li>• Description of the impact on cognitive functions or how able the student is to take in and remember new information and produce reports based on new learning.</li> </ul>
<b>Intellectual Disability</b> (Below average intellectual functioning and potential for measurable achievement in instructional and employment settings) <ul style="list-style-type: none"> <li>• Ph.D. Psychologist</li> <li>• Psychiatrist</li> </ul>	<b>Regional Center certification and/or psychological report (usually WAIS III or WISC III) documenting the disability</b> <ul style="list-style-type: none"> <li>• Standard scores and/or descriptions of adaptive behavior levels</li> <li>• Standard scores (not grade level equivalents nor percentile ranks) from recent academic achievement assessment (reading, spelling, math, etc.)</li> </ul>
<b>Deaf/Hard of Hearing</b> (loss of hearing function which impedes language, educational, social, and/or cultural interactions) <ul style="list-style-type: none"> <li>• Audiologist; Certified Otologist</li> <li>• Physician</li> </ul>	<b>Current audiogram documenting the disability</b>
<b>Learning Disability</b> (average to above average intellectual ability, severe processing deficit, severe aptitude achievement discrepancy, and measured achievement) <ul style="list-style-type: none"> <li>• Ph.D. Psychologist; Psychiatrist</li> <li>• College/University LD Specialist</li> </ul>	<b>Psychological report documenting the disability</b> <ul style="list-style-type: none"> <li>• Cognitive ability test standard scores (usually the WAIS III or WISC III)</li> <li>• Achievement test standard scores (usually the WJ III)</li> </ul>
<b>Physical/Mobility</b> (serious limitation in locomotion and/or motor function) <ul style="list-style-type: none"> <li>• Physician; Nurse Practitioner</li> </ul>	<b>Medical report documenting the disability</b>
<b>Mental Health</b> (persistent psychological or psychiatric disorder; emotional or mental illness) <ul style="list-style-type: none"> <li>• Ph.D. Psychologist; Psychiatrist</li> <li>• LMFCC, LCSW, MSW; Physician</li> </ul>	<b>Psychological report documenting the DSM Code and Axis</b>
<b>Speech/Language</b> (disorders of voice, articulation, rhythm, and/or receptive and expressive processes) <ul style="list-style-type: none"> <li>• Speech and Language Pathologist</li> </ul>	<b>Speech/Language report documenting the disability</b>
<b>Blind/Vision</b> (total or partial loss of sight) <ul style="list-style-type: none"> <li>• Ophthalmologist; Optometrist; Physician</li> </ul>	<b>Current vision test documenting the disability</b>
<b>ADHD/Other Disability</b> (does not fall into any of the above disabilities but indicates a need for support services) <ul style="list-style-type: none"> <li>• Qualified Licensed Professional</li> <li>• ADHD: Ph.D. Psychologist; Psychiatrist; or Physician</li> </ul>	<b>Medical or professional report documenting the disability</b>

*Definitions are according to Title 5 of the California Code of Regulations for California Community Colleges.*