

Accommodation Service Center
DISABILITY VERIFICATION FORM

PLEASE RETURN TO ASC
951-639-5305 (MVC) or 951-487-3305 (SJC)

The student named below may be eligible for special services at this college. In order to provide services we must have a verification of disability/diagnosis. The information you provide will be used for the sole purpose of determining eligibility for and authorization of accommodations at Mt. San Jacinto Community College.

Name: _____ Date of Birth: _____

Phone Number: _____ Student ID#: _____

Please provide the following information IN FULL in order to help us determine reasonable educational accommodations to support this student:

Diagnosis: _____

If applicable, DSM Code and severity: _____

Duration of condition

Permanente/Chronic Temporary, End Date (Required): _____

Conditions

Mild Moderate Severe

Prescribed medication(s) dosage and side effects: _____

Functional limitations of conditions and/or medication (e.g. the ways in which the diagnosis and/or side effects of medications affect the student.) **Please check:**

- | | | |
|---|---|---|
| <input type="checkbox"/> Speaking | <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Processing Oral Material |
| <input type="checkbox"/> Limited Ambulation | <input type="checkbox"/> Taking Class Notes | <input type="checkbox"/> Processing Visual Material |
| <input type="checkbox"/> Visual Acuity | <input type="checkbox"/> Poor Concentration | <input type="checkbox"/> Slow Processing of Information |
| <input type="checkbox"/> Other: _____ | | |

ASC professional staff, with consultation by the ASC Director, may, through **personal observation**, verify the existence of an **observable disability**: _____

ASC Staff Signature: _____ Date: _____

I understand that the information provided in this form will become part of the student record subject to the Federal Family Education Rights and Privacy Act (FERPA) of 1974 and may be released to the student upon student request.

Signature: _____
Verifying Licensed Professional Title/License # Date

Name (Print): _____

Address: _____

Phone: _____ Fax: _____