

DISABILITY VERIFICATION

PLEASE RETURN OR FAX TO:

SANTIAGO CANYON COLLEGE • DISABLED STUDENTS PROGRAMS AND SERVICES

8045 East Chapman Ave. • Orange, California 92689

Phone (714) 628-4860 • Fax (714) 532-4684

THIS SECTION MUST BE COMPLETED BY THE STUDENT

Last Name First Name M.I. SCC ID# Date of Birth

Email Telephone

In order to receive disability-related accommodations at Santiago Canyon College, a verification of disability from a qualified professional must be provided.

THIS SECTION MUST BE COMPLETED BY A LICENSED PROFESSIONAL

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

1. Diagnosis: _____

AND ICD10 or DSM Code: _____ **Severity:** Mild Moderate Severe

2. How does this condition substantially limit major life activities? Please check all that apply.

- | | | |
|---|--|-----------------------------------|
| <input type="checkbox"/> Attention and/or Concentration | <input type="checkbox"/> Mobility: _____ | <input type="checkbox"/> Sitting |
| <input type="checkbox"/> Planning and/or Organization | <input type="checkbox"/> Hearing – Please attach audiogram | <input type="checkbox"/> Speaking |
| <input type="checkbox"/> Memory | <input type="checkbox"/> Vision: _____ | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Stamina | Acuity: R _____ L _____ | <input type="checkbox"/> Reading |

Other: _____

3. Duration of Disability

- Permanent/Chronic
- Temporary - give estimated duration and/or date of re-evaluation _____

4. Condition is:

- Stable
- Prone to exacerbation

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 written request.

Signature _____
Verifying Licensed Professional License# Title Date

Name (printed) _____

Address _____

Phone _____ FAX _____

The 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 and Services (DSP&S) Program. Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure. Portions of this information may be shared with the Chancellor's office of the California Community College or other state or federal agencies; however, disclosure to these parties is made in strict accordance with applicable statutes regarding confidentiality, including the Family Educational Rights and Privacy Act (20 U.S.C. 1232 (g)). Pursuant to Section 7 of the Federal Privacy Act (Public Law 93-579; 5 U.S.C. § 552a, The information on this form is being collected pursuant to California Education Code Sections 67310-67312, and 84850; and California Code of Regulations, Title 5, Section 56000 et seq.