

Grossmont College
Accessibility Resource Center (A.R.C.)
Verification of Disability

Date: _____

CONFIDENTIAL

The student named below may be eligible for services at Grossmont College. In order to provide services, we must have verification of disability as defined on the reverse side of this sheet.

Please send completed form to: A.R.C.
8800 Grossmont College Drive
El Cajon, CA 92020
FAX (619) 644-7980

A prompt reply is appreciated.

Name:

Last	First	M	Social Security
------	-------	---	-----------------

Address:

Street	City	Zip	Date of Birth	Phone Number
--------	------	-----	---------------	--------------

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

1. PRIMARY DIAGNOSIS: _____
If applicable DSM IV code and severity: _____
2. Please describe how this condition substantially limits major life activities in the educational setting: _____

Is there an impact on: vision hearing mobility memory concentration If applicable, how do side effects of prescribed medications substantially limit major life activities in the educational setting: _____
3. Condition is: stable prone to exacerbations
4. Duration of Disability: permanent/chronic temporary give estimated duration and/or date of evaluation: _____

-
1. SECONDARY DIAGNOSIS: _____
If applicable DSM IV code and severity: _____
 2. Please describe how this condition substantially limits major life activities in the educational setting: _____

Is there an impact on: vision hearing mobility memory concentration If applicable, how do side effects of prescribed medications substantially limit major life activities in the educational setting: _____
 3. Condition is: stable prone to exacerbations
 4. Duration of Disability: permanent/chronic temporary give estimated duration and/or date of evaluation: _____

I understand that the information provided with this form will become part of the student record subject to the Federal Family Education Rights and Private Act of 1974 and may be released to the student upon their written request.

Signature _____ (Certifying Professional) _____ Title _____ Date _____

Name (please print) _____ Phone: _____ Ext. _____

Address: _____
Street City State Zip

If the above information is completed by someone other than the professional who made the diagnosis, please provide the name and address of the person who made the diagnosis: _____

Administrative Code, Title 5, identifies the following disabilities for funding purposes:

- I. **Physical Disability** means a visual, mobility, orthopedic or other health impairment.
 - a. Visual impairment means total or partial loss of sight.
 - b. Mobility and orthopedic impairment means a serious limitation in locomotion or motion functions.
 - c. Other health impairment means a serious dysfunction of a body part or system which necessitates the use of one or more of the supportive services or programs.
- II. **Communication Disability** is an impairment in the process of speech, language or hearing.
 - a. Hearing impairment means a total or partial loss of hearing function which impedes the communication process essential to language, educational, social and/or cultural interaction.
 - b. Speech and language impairment means one or more speech-language disorder of voice, articulation, rhythm, and/or the receptive and expressive processes of language.
- III. **Learning Disability** is a persistent condition of neurological dysfunction which may exist with other disabling conditions. This dysfunction continues despite instruction in standard classroom situations. Learning disabled ADULTS, A HETEROGENEOUS GROUP, HAVE:
 - a. average to above average intellectual ability;
 - b. severe processing deficit(s);
 - c. severe aptitude-achievement discrepancy(ies);
 - d. measured appropriate adaptive behavior in school or job setting; and
 - e. measured appropriate adaptive behavior in an instruction or employment setting.
- IV. **Acquired Brain Injury** means a deficit in brain functioning which is non-degenerative or progressive and is medically verifiable in a total or partial loss of one or more of the following: cognitive, communication, motor, psycho-social or sensory perceptual abilities.
- V. **Psychological Disability** is a psychiatric or psychological condition diagnosed by a Psychiatrist or Ph.D. Psychologist which limits a major life and poses a functional limitation within the educational setting requiring accommodation.
- VI. **Developmentally Delayed Learner** is a student who exhibits:
 - a. below average intellectual functioning
 - b. impaired social functioning
 - c. potential or measurable achievement in a school or job setting
- VII. **Multiple Disabilities** are defined as two or more functional impairments as described above.

The Vocational Educational Act identifies the following additional “disability” conditions for services to students enrolled in eligible vocational programs. Seriously emotionally disturbed, including mental or psychological impairments or chemical dependency.