



Disability Verification

Last Name: _____ First Name: _____

Student ID: _____ DOB: _____

▲ This form must be completed by a Licensed Professional. ▲ Items 1 through 4 must be answered.
▲ Reports and test scores must be included for some disabilities.

1. Diagnosis of Disability:

- | | | |
|--|--|---|
| <input type="checkbox"/> Acquired Brain Impairment | <input type="checkbox"/> Learning Disability | <input type="checkbox"/> Speech/Language Impairment |
| <input type="checkbox"/> Developmentally Delayed Learner | <input type="checkbox"/> Mobility Impairment | <input type="checkbox"/> Psychological |
| <input type="checkbox"/> Hearing Impairment | <input type="checkbox"/> Visual Impairment | <input type="checkbox"/> Other: _____ |

DSM-IV AXIS I & II Diagnosis and Code(s): _____

2. Limitations: Please provide the following activities which are significantly limited by above stated disabilities, and/or side effects of medication. Indicate the level of severity as mild, moderate, or severe:

1 = mild 2 = moderate 3 = severe

Mobility:

- | | | |
|---|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Fine Motor | <input type="checkbox"/> Balance | <input type="checkbox"/> Standing |
| <input type="checkbox"/> Manual Dexterity | <input type="checkbox"/> Coordination | <input type="checkbox"/> Reaching |
| <input type="checkbox"/> Ambulation | <input type="checkbox"/> Sitting | <input type="checkbox"/> Stooping |
| <input type="checkbox"/> Range of Motion | <input type="checkbox"/> Lifting | |

Learning:

- | | | |
|---|----------------------------------|---|
| <input type="checkbox"/> Attention or Concentration | <input type="checkbox"/> Memory | <input type="checkbox"/> Reading |
| <input type="checkbox"/> Information Processing | <input type="checkbox"/> Writing | <input type="checkbox"/> Math Reasoning |

Communication:

- | | | |
|---|--|--|
| <input type="checkbox"/> Receptive Language | <input type="checkbox"/> Expressive Language | <input type="checkbox"/> Interacting with others |
|---|--|--|

Sensory:

- | | |
|---|--|
| <input type="checkbox"/> Hearing: Please verify loss at 500db, 1000db, 2000db
Left: _____ Right: _____ | <input type="checkbox"/> Visual: Please verify visual acuity (i.e. 20/200)
Left: _____ Right: _____ |
|---|--|

Psycho/Emotional:

- | | | |
|---------------------------------|---|------------------------------------|
| <input type="checkbox"/> Affect | <input type="checkbox"/> Coping w/ stress | <input type="checkbox"/> Awareness |
|---------------------------------|---|------------------------------------|

Other:

- | | | |
|------------------------------------|----------------------------------|------------------------------------|
| <input type="checkbox"/> Breathing | <input type="checkbox"/> Stamina | <input type="checkbox"/> Alertness |
|------------------------------------|----------------------------------|------------------------------------|



ACCOMMODATIONS recommended:

MEDICATION(s) prescribed (dosage):

Do you recommend a REDUCED SEMESTER CLASS LOAD for this student? Yes No

Do you recommend EXTENDED TEST TIME for this student? Yes No

3. This disability is: Permanent/Chronic Temporary: less than 45 days Temporary: 45 days or greater

4. This disability is: Observable Not observable

Licensed Professional

Signature:	Title/License #:
Print Name:	Date:
Address:	Phone #:

The Coast Adult Education Consortium uses the information requested for the purpose of determining a student’s eligibility to receive authorized academic adjustments, auxiliary aids & service provided by the district. Personal information requested will be kept confidential in order to protect against unauthorized disclosure. Portions of this information may be shared with the Coast Adult Education Consortium 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, note). 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.

