

Chaffey College Disability Programs & Services Disability Verification Form

Student's Name (Print): Last First MI Student Signature Date
Date of Birth XXX-XX- Social Security # Student ID # Phone # E-mail

Chaffey College agrees to use the information requested on this form for the purpose of determining a student's eligibility to receive authorized special services provided by the Disability Programs & Services. Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure. I hereby consent for Chaffey College DPS to contact certifying professional for additional information if needed.

THIS PORTION IS TO BE FILLED OUT BY THE PHYSICIAN (PLEASE PRINT)

Primary Diagnosis: AND ICD10/DSMV:

Permanent /Chronic Temporary Date of Onset: End Date or Re-Evaluation Date: (only if temporary)

Severity: Mild Moderate Severe Other:

Medications (Dosage / Frequency / Side Effects):

Secondary Diagnosis (If Applicable): AND ICD10/DSMV:

Permanent /Chronic Temporary Date of Onset: End Date or Re-Evaluation Date: (only if temporary)

Severity: Mild Moderate Severe Other:

Medications (Dosage / Frequency / Side Effects):

Functional Limitations (Certifying Professional must INITIAL next to each limitations resulting from the disabilities above):

<u>initial</u> Gross motor skills	<u>initial</u> Difficulty sitting for extended times
<u>initial</u> Fine motor skills	<u>initial</u> Difficulty standing for extended times
<u>initial</u> Attention	<u>initial</u> Difficulty using dominant hand
<u>initial</u> Concentration	<u>initial</u> Processing visual information
<u>initial</u> Student may have to leave room intermittently	<u>initial</u> Processing auditory information
<u>initial</u> Requires highly structured learning environment	<u>initial</u> Receptive language
<u>initial</u> Long term memory	<u>initial</u> Expressive language
<u>initial</u> Short term memory	<u>initial</u> Other: _____
<u>initial</u> Walking	Please Specify
<u>initial</u> Hearing (Attach Verification)	<u>initial</u> Handicap Parking (Must Have DMV Placard)
<u>initial</u> Vision (Attach Verification)	<u>initial</u> Learning Disability (Attach Verification)

Please submit form to:

Chaffey College Disability Programs & Services
5885 Haven Avenue
Rancho Cucamonga, CA 91737
Phone: (909) 652-6379
Fax: (909) 652-6385

Signature & Title of Certifying Professional: _____
Name of Treating Professional (Printed): _____
Agency Name: _____
Street Address: _____
City, State & Zip: _____
Phone # /Fax #: _____