COLUMBUS STATE
ACCESSIBILITY AND TESTING

Disability Verification Form

Part I – To be completed and signed by the student:

Name:	**Date of Birth:**
Address:	**City, State, Zip:**
Student ID:	**Phone Number:**
Email:	

I hereby authorize _____ to release/discuss the information below.

Signature of Student: _____ Date: _____

Provider – Please Read

Purpose of Disability Verification:

Accessibility Services at Columbus State Community College (CSCC) provides academic accommodations for students with documented disabilities. This completed verification form should provide enough information to verify the student has a disability as defined by Section 504 of the Rehabilitation Act, and the Americans with Disabilities Act. The form must be completed by a licensed professional (e.g. physician, psychologist, licensed social worker etc.) This form is not sufficient to document a learning disability.

Part II. To Be Completed by the Provider

1. Diagnostic Information (including DSM V diagnosis if applicable)

_____

_____

_____

_____

_____

2. Current Medication and Side Effects:

_____

_____

_____

_____

_____

_____

(Continued on 2nd page)

3. Please describe the impact of the student's disability in the educational environment.

4. Impact of Disability on Major Life Activities

Please indicate any major life activities substantially limited by the student's disability with an **X**

Activity:	Impact?	**Activity:**	Impact?
Concentrating		Organization	
Reading		Social Interactions	
Written expression		Self-care	
Math		Sleeping	
Stress management		Manual Dexterity	
Managing distractions		Vision	
Regular class attendance		Hearing	
Time management			

5. Additional Information if available

Please attach any additional documentation that you believe to be relevant (e.g., psychological assessment, neuropsychological evaluation, diagnostic testing, etc.).

Provider Credentials:

Print Name and Title: _____

Date Completed: _____

License #: _____

Agency Name: _____

Address: _____

City/State/Zip: _____

Phone: _____

Signature: _____

Return form to:

Accessibility Services
Columbus State Community College
550 East Spring St.
Columbus, OH 43216
Phone: (614) 287-2570
Fax: (614) 287-6054
Email: disability@cscc.edu