



Disability Support Programs and Services

Verification of Disability

The student named below has requested services/accommodations at Cuesta College. Date:

Name: Last, First, Middle Initial Identification or Social Security Number

Address: Street, City, State, ZIP Phone Number

This form must be completed by a Licensed Professional. Reports and test scores must be included for some disabilities. Items 1 through 5 must be answered.

1. Description of Disability (only one disability on each form):

- Acquired Brain Injury, Intellectual Disability, Deaf/Hard of Hearing, Learning Disability, Mobility, ADHD, Autism, Vision, Mental Health: DSM-V incl. Code(s), Other

2. Educational/Functional Limitations:

- Producing in-class notes, assignments, or other written requirements, Seeing or processing visually presented classroom materials, texts, or other printed materials, Hearing or processing lectures or other verbally presented information, Taking tests in traditional manner, Completing course requirements without specialized tutoring, Scheduling and registering for courses, Acquiring knowledge of college and community resources, Moving around campus or classroom (for temporary disability only), Using college facilities, equipment, and materials. Explain: Other:

3. Recommended academic adjustments, auxiliary aids, services and/or instruction:

4. This Disability is: Permanent/Chronic Temporary, estimated duration:

5. This Disability is: Observable Not Observable

Licensed Professional form with fields for Print Name, Signature, Address, and Phone, and a Title field.