



Disabled Student 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: less than 45 days Temporary: 45 days or greater

5. This Disability is: Observable Not Observable

Licensed Professional
Print Name Title
Signature
Address
Phone