Disabled Student Programs and Services

Verification of Disability

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

Name: Last, First, M Identification or SS#

Address Phone #

Date: _____________________

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

☐ Acquired Brain Injury ☐ Intellectual Disability ☐ Deaf/Hard of Hearing
☐ Learning Disability ☐ Physical Disability ☐ ADHD
☐ Autism ☐ Vision
☐ Mental Health: DSM-V Diagnosis and 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 ____________________________________________

MAIL, FAX, OR DELIVER THIS FORM

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Disabled Student Programs & Services Disabled Student Programs & Services
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