

Services for Students with Disabilities

Interpreting Services

Columbia College Chicago

623 S. Wabash | Suite 311

(312) 369-8296

(312) 369-8485 fax

ssd@colum.edu

Verification of Disability

In order to establish that a student is an “otherwise qualified student with a disability,” the Office of Services for Students with Disabilities (SSD) of Columbia College Chicago, in accordance with the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973, is requesting documentation of a student’s disability. The student has requested services related to his/her disability from SSD. This student has stated that you are an appropriate individual to provide this disability documentation.

Directions: This form is to be filled out by a **licensed professional or certified diagnostician** as described in the Documentation Guidelines. Please complete the following form to document that this student does indeed have a disability that substantially limits learning and/or some other major life activity. Moreover, please thoroughly answer **all** questions, as this will put SSD in a better position to advocate for the student. If you need more room, feel free to write or type on a separate piece of paper. **You may also type your responses directly into this document if you request an electronic version from ssd@colum.edu.** Thank you for your assistance.

Name of Student: _____

1. **Diagnosis/Diagnoses** (include DSM-IV classification, (if appropriate). Please also indicate the severity of the diagnosis and your evidence that the student’s disability will pose a substantial limitation to learning and/or another major life activity.

a. Diagnosis. Date of Diagnosis_____

b. Date of last contact with student.

c. Approximate date or timeframe for next contact with student (if known).

d. What is the prognosis?

2. Describe the **symptoms** supporting this diagnosis. If tests were administered in the diagnostic process, please include the names of the tests, the student's scores, and a brief interpretation of the student's performance on the tests.

3. Please elaborate how the student's disability may affect his/her academic and social performance at Columbia College Chicago. Please comment on both strengths and weaknesses.

4. List any current **medications** and any adverse side-effects that have been experienced by the student and/or that may be experienced by the student.

5. What **recommendations** do you have regarding accommodations for this student (e.g., extended time on exams)? (Please keep in mind that Columbia College Chicago may not be able to provide all the accommodations that you recommend.)
 - a. If it is not obvious from your answers above, please explain how you think that these accommodations will directly affect the student's academic and/or social limitations and why you feel the accommodations you are recommending are justified for this student.

6. Please provide any history and/or chronological information that is relevant to the student's disability.

7. Is there any additional relevant information that you feel would allow the appropriate Columbia College Chicago officials to better understand and more fully advocate for this student? If so, please provide this information.

Signature

Date

Printed Name and Credentials/Title/License
Number:

Address:

Phone:

Fax:

After completely filling out this form, please fax (312) 369-8485) or mail it (623 S. Wabash Avenue, Suite 311, Chicago, IL 60605-1996) to the attention of Assistant Director of Services for Students with Disabilities. Please call (312) 369-8296 if you have any questions about this form and/or email your request for an electronic copy at ssd@colum.edu.