Disability Services
6600 34th Avenue
Moline, Illinois 61265-5899
Phone (309) 796-5900
FAX (309) 796-5901
TTY (309) 796-5903

Verification and Documentation of Disability

Name of Student: _____

Student Signature
requesting release of Information to Black Hawk College:

_____

To ensure the provision of reasonable and appropriate service for students with disabilities at Black Hawk College, students needing such a service are required to provide current and comprehensive documentation of their disability. This documentation should include:

To facilitate the gathering of such critical information, we ask that you respond to the following questions. You may also provide an evaluation/diagnostic report instead of this document.

1. Medical Diagnosis or DSM-IVR Diagnosis:
_____

2. Date of Diagnosis:
_____

3. Date of last contact with student:
_____

4. Procedure and observation used to make the diagnosis (Please attach diagnostic report):
_____

_____

5. Describe symptoms shown by this student, which meet the criteria for this diagnosis with approximate date of
onset:_____

_____

6. Describe this student's functional limitations in an educational
setting:_____

_____

7. What measures were used to assess current educational achievement (If applicable)?
_____

_____

_____

8. What recommendations do you make regarding effective academic accommodations to equalize this student's educational opportunities at post-secondary level: (describe services/accommodations in exam administration, classroom or study activities, course requirements. transportation or adjustment of the classroom physical environment).
_____

_____

_____

9. Does this student continue to need the above services or accommodations when utilizing any recommended medications? YES_____NO_____

In addition to the diagnostic report, please attach other information relevant to this student's academic adjustment.

Signature: _____

Print name: _____

Title/Credentials: _____

Phone: _____ Date: _____

Print name and Title/Credentials:

_____

Address:

_____

_____

_____

Please Return To: Susan Sacco, Disability Services Coordinator

Contact information is listed on the front of this document.

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