



Verification and Documentation of Disability

Name of Student: _____

Signature of Student Requesting Release of Information:

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.

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.

Medical Diagnosis or DSM Code: _____

Date of Diagnosis: _____

Date of Last Contact with Student: _____

Procedures and Observation Used to Make the Diagnosis (Please attach diagnostic report)

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

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

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

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).

Does this student continue to need the above services or accommodation 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:

Phone:

Date:

Printed Name and Title/Credentials:

Address:

Please return to: Attention: Disability Resources & Access Manager at Black Hawk College.

Email: accessqc@bhc.edu

Fax: 309-796-5901