



Disability Services
6600 34th Avenue
Moline, IL 61265
Phone (309) 796-5900
FAX (309) 796-5901

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. The Disability Service staff has the right to follow up with the medical profession/doctor completing this form, in the event they need future documentation on the disability or have questions about the student's limitations. 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. Procedures 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: _____

Phone: _____ Date: _____

Print name and Title/Credentials:

Address:

Please Return To: Disability Services Coordinator
Contact information is listed on the front of this document.