

Documentation Verification Form
Disability Services at Gateway Community & Technical College

To help determine eligibility for accommodations, Disability Services requires complete disability documentation to help understand the limitations or barriers caused by a student's disability. The evaluation should be performed by a professional who is certified, licensed or experienced in the disability area that she/he is verifying. If you are unsure if you are the professional to complete this form, please contact Disability Services for guidelines.

Documentation pertaining to: _____ (Student Name)

Step 1. Read the definition below of a disability as defined by the Americans with Disabilities Act (ADA) as amended (Reference: http://www.ada.gov/regs2010/titleII_2010_regulations.htm#a35104).

Disability means, with respect to an individual, a physical or mental impairment that substantially limits one or more of the major life activities of such individual; a record of such an impairment; or being regarded as having such an impairment.

The phrase *physical or mental impairment* means—Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological, musculoskeletal, special sense organs, respiratory (including speech organs), cardiovascular, reproductive, digestive, genitourinary, hemic and lymphatic, skin, and endocrine; Any mental or psychological disorder such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.

The phrase *physical or mental impairment* includes, but is not limited to, such contagious and noncontagious diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, specific learning disabilities, HIV disease (whether symptomatic or asymptomatic), tuberculosis, drug addiction, and alcoholism.

The phrase *major life activities* means functions such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

Step 2. State the medical or mental health impairment by a recognizable diagnosis; preferably from the most recent edition of *ICD* or *DSM*. Describe how you arrived at the diagnosis. Include as needed: background information, evaluation methods, tests and dates of administration, as well as a clinical narrative, observation and specific results. Attach additional documents if necessary. (Please print or type)

Step 3. Please check which of the major life activities listed below are affected because of the disability by checking the level of impact.

	No Impact	Moderate Impact	Substantial Impact	Don't Know
Concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing internal distractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing external distractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timely completion of tests/assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress Management/Coping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading ability and/or reading comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Information processing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication *Written expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication *Verbal expression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math *Calculation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Math *Reasoning/Problem-Solving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Handwriting/Typing abilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please explain, in further detail, any item above rated as either **Moderate** or **Substantial** Impact, adding any additional information that will assist in providing appropriate and reasonable accommodations. Attach additional sheets if needed. (Please print or type)

Step 4. Recommend accommodations for the student to have equal access to Gateway programs and services. Please include current and past accommodations and services if known. While considered, accommodation recommendations are not prescriptive. (Please print or type)

Step 5. By signing below, you are verifying that the disability or condition that was described above meets the ADA definition of a disability that substantially limits a major life activity.

Signature

Date

Name: _____
Professional Title: _____
State License and Number: _____
Address (complete): _____

Telephone Number: _____
Fax Number: _____

Disability Services Fax Number: 859-442-1107

Disability Services Phone Number: 859-442-4120