

# LOS MEDANOS COLLEGE

## Disabled Student Programs and Services

### Verification of Disability

The student named below has requested services/accommodations at Los Medanos College.

Date: \_\_\_\_\_

Name: Last, \_\_\_\_\_

First, \_\_\_\_\_

M \_\_\_\_\_

Identification or SS# \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

- **This form must be completed by a Licensed Professional.** • **Items 1 through 5 must be answered.**  
• **Reports and test scores must be included for some disabilities. See reverse for requirements.**

**1. Description of Disability (only one disability on each form):**

- Acquired Brain Impairment     Developmentally Delayed Learner     Hearing Impairment  
 Learning Disability     Mobility Impairment     Speech/Language     Visual Impairment  
 Psychological: DSM-IV AXIS I & II Diagnosis and Code(s): \_\_\_\_\_  
 Other \_\_\_\_\_

**2. Educational/Functional Limitations:**

- Producing in-class notes, assignments, or other written requirements  
 Seeing or processing visually presented classroom materials, texts, or other printed materials  
 Hearing or processing lectures or other verbally presented information  
 Taking tests in traditional manner  
 Completing course requirements without specialized tutoring  
 Scheduling and registering for courses  
 Acquiring knowledge of college and community resources  
 Moving around campus or classroom (for temporary disability only)  
 Using college facilities, equipment, and materials. Explain: \_\_\_\_\_

**3. Recommended services/accommodations:** \_\_\_\_\_

- 4. This disability is:**     Permanent/Chronic     Temporary: less than 45 days     Temporary: 45 days or greater  
**5. This disability is:**     Observable     Not observable

Licensed Professional

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**MAIL, FAX, OR DELIVER THIS FORM**

Disabled Students Program (DSP&S) Los Medanos College  
2700 E. Leland Road, Pittsburg, CA 94565  
Fax: (925) 473-1350