



Services for Students With Disabilities
Columbia College Chicago
33 E. Congress (First floor, Rear of Writing Center)
(312) 334-8134

Verification of Disability

In order to establish that a student is an “otherwise qualified student with a disability,” the Coordinator of Services for Students with Disabilities (SSD) of Columbia College Chicago, in accordance with the Americans with Disabilities Act of 1990 and Section 504 of the Rehabilitation Act of 1973, is requesting documentation of a student’s disability. The student has requested services related to his/her disability from SSD and has signed a release (a copy of which is being provided to you) indicating that you are an appropriate individual to provide disability documentation for the student.

Directions: This form is to be filled out by a **licensed professional or certified diagnostician**. Please complete the following form in order to document that this student does indeed have a disability that substantially limits learning and/or some other major life activity. Moreover, please thoroughly answer **all** questions, as this will put the Coordinator of SSD in a better position to advocate for the student, should the student request this of the Coordinator. If you need more room, feel free to write or type on a separate piece of paper. **You may also type your responses directly into this document if you request an electronic version from sssaunders@colum.edu.** Thank you for your assistance.

Name of Student: _____

1. **Diagnosis/Diagnoses** (include DSM-IV classification, (if appropriate). Please also indicate the severity of the diagnosis and your evidence that the student’s disability will pose a substantial limitation to learning and/or another major life activity.
 - a. Date of diagnosis.
 - b. Date of last contact with student.
 - c. Approximate date or timeframe for next contact with student (if known).
 - d. What is the prognosis?

2. Describe the **symptoms** supporting this diagnosis. If tests were administered in the diagnostic process, please include the names of the tests, the student's scores, and a brief interpretation of the student's performance on the tests.

3. Please elaborate how the student's disability may affect his/her academic and social performance at Columbia College Chicago. Please comment on both strengths and weaknesses.

4. List any current **medications** and any adverse side-effects that have been experienced by the student and/or that may be experienced by the student.

5. What **recommendations** do you have regarding accommodations for this student (e.g., extended time on exams)? (Please keep in mind that Columbia College Chicago may not be able to provide all the accommodations that you recommend.)
 - a. If it is not obvious from your answers above, please explain how you think that these accommodations will directly affect the student's academic and/or social limitations and why you feel the accommodations you are recommending are justified for this student.

6. Please provide any history and/or chronological information that is relevant to the student's disability.

7. Is there any additional relevant information that you feel would allow the appropriate Columbia College Chicago officials to better understand and more fully advocate for this student? If so, please provide this information.

Signature

Date

Printed Name and Credentials/Title/License
Number: _____

Address: _____

Phone: _____

Fax: _____

After completely filling out this form, please fax ((312) 344-8005) or mail it (600 S. Michigan Ave. Chicago, IL 60605-1996) to the attention of Sandra K. Saunders, Coordinator of Services for Students with Disabilities. Please call Sandra at ((312) 344-8134) if you have any questions about this form and/or email her (ssaunders@colum.edu) if you would like an electronic version of the form in which to type your responses.