



**Services for Students with Disabilities (SSD)
Interpreting Services (IS)**

Columbia College Chicago
623 S. Wabash | Suite 304
(312) 369-8296 Phone
(312) 369-8485 Fax

Verification of Disability

In order to establish that a student is an “otherwise qualified student with a disability,” the Office 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. This student has stated that you are an appropriate individual to provide the disability documentation.

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 Office of SSD in a better position to advocate for the student. 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 ssd@colum.edu.** Thank you for your assistance.

Name of Student: _____

1. **Diagnosis/Diagnoses** (include DSM-IV classification, if appropriate). Please indicate the severity of the diagnosis and evidence the student’s disability will pose a substantial limitation to learning and/or another major life activity.
 - a. Diagnosis. 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. **Symptoms** 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. **Functional Limitations** 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. **Medications** 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. **Recommendations** 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 these accommodations will directly affect the student's academic and/or social limitations. Include an explanation why you think the accommodations you have recommended are justified for this student.

6. **History** Please provide any history and/or chronological information that may be relevant to the student's disability.

7. **Comments** Is there any additional relevant information that you think 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 to (312) 369-8485 or mail to 600 S. Michigan Ave. Chicago, IL 60605-1996, ATTN: Services for Students with Disabilities. Please call (312) 369-8296 if you have any questions about this form and/or email your request for an electronic copy at (ssd@colum.edu)