



Disability/Diagnosis Verification Form

The student named below may be eligible for reasonable accommodations at this college. In order to provide services, we must have documentation of a disability/diagnosis that impairs one or more major life functions. This form can be submitted to Center for Access and Accommodation via fax at 618-468-7257, e-mail at access@lc.edu, or mail at Lewis and Clark Community College, Attn: Center for Access and Accommodations, 5800 Godfrey Rd., Godfrey, IL 62035.

TO BE COMPLETED BY THE STUDENT:

Student Name: _____ DOB: _____
Phone Number: (_____) _____ - _____ Email: _____

I hereby authorize the provider listed below to complete this form and provide information pertaining to my disability/diagnosis to Lewis and Clark Community College, Center for Access and Accommodations.

Student Signature: _____ Date: _____

TO BE COMPLETED BY A LICENSED PROFESSIONAL:

Name of provider (print): _____ Phone Number: (_____) _____ - _____

This portion of the form is to be completed by a licensed professional qualified to make the diagnosis for which the student is seeking accommodations. It cannot be completed by a practicing family member of the student. Please provide the following information in full (please be specific).

This form is not valid unless there is a disability/diagnostic statement given, a description of the disability/diagnosis is provided, functional limitations are listed, and it is signed and dated in the appropriate place.

Disability/Diagnostic Statement: _____

Description of the disability/diagnosis:

Functional Limitations within an academic setting:

- Expressing self in writing, Processing visual information, Performing math calculations, Reading comprehension, Processing auditory information, Memorizing information, Limited ambulation, Visual acuity, Concentrating, Using hands, Easily distracted, Organizational skills, Degree of hearing loss, Reading decoding

Other: _____

Services and accommodations that you would recommend for this student:

- Extended time on tests, Note taker, Use of a computer, Audio text, Scribe, Test read aloud, Separate testing area, Sign language interpreter

Other: _____

I certify that the information on this form is true and correct to the best of my knowledge.

Signature of Licensed Professional: _____ Date: _____

Title or License Type and Number: _____