Disability Support Services
Disability Verification for Students Requesting Services

Eligibility requirements for students requesting Support Services at Chesapeake College

1. Student provides verification of diagnosis and severity.
2. Student is assessed as having a functional limitation in the educational setting.

To ensure provision of reasonable and appropriate services for students with disabilities, students needing such services are required to provide current and comprehensive documentation of their disability.

This documentation should include information which diagnoses the disability, describes the difficulties and functional limitation in an educational setting, indicates the severity and longevity of the condition, and offers recommendations for treatment. To facilitate the gathering of such critical information, we ask that you respond to the following questions:

TO BE COMPLETED BY A PSYCHIATRIST/PSYCHOLOGIST/DIAGNOSING PHYSICIAN

Please provide the following information about ____________________________________________________________

(Please print student’s name)

1. Diagnosis (Include DSM code for all mental disabilities): ______________________________________________

________________________________________________________ Date of diagnosis: ____________________

2. Level of severity (check one): ☐ Mild ☐ Moderate ☐ Severe

3. Describe the procedures used to assess/diagnose and enclose a diagnostic report (learning disability evaluation/psychological testing information and results).

___________________________________________________________________________________________

___________________________________________________________________________________________

4. Describe symptoms which meet the criteria for this diagnosis with approximate date of onset, if appropriate:

___________________________________________________________________________________________

___________________________________________________________________________________________

5. Describe this student’s functional limitations in an educational setting:

___________________________________________________________________________________________

___________________________________________________________________________________________

Revised 9/9/16 (jm)
6. What measures were used to assess current educational achievement?
____________________________________________________________________________________________
____________________________________________________________________________________________

7. Do you have any recommendations to make regarding effective academic accommodations to equalize this student’s educational opportunities at the post-secondary level? (Describe services/accommodations in exam administration, classroom or study activities, or course requirements).
____________________________________________________________________________________________
____________________________________________________________________________________________

8. Provide a medication history related to this disability.
____________________________________________________________________________________________
____________________________________________________________________________________________

9. Could the medication interfere with student’s ability to achieve academically? ☐ Yes ☐ No (If yes please explain)
____________________________________________________________________________________________

10. In addition to the diagnostic report, please attach other information relevant to this student’s academic adjustment.

Print Name and Title: ________________________________________________________________________________

License/Certification Number: ______________________________ Telephone: ______________________________

Address: __________________________________________________________________________________________
_____________________________________________________________________________________________

__________________________________________ ______________________________________________________

Signature Date

Please return this information by mail to: Chesapeake College, Disability Support Services, P.O. Box 8, Wye Mills, MD 21679 or by FAX 410.827.5831.


Chesapeake College is an E.O. Institution - Tobacco-free campus.