



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:

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.

(Adapted from DSS Policies and Procedures Manual – Anne Arundel Community College, Counseling, Advising and Retention Services, Disability Support Services, 101 College Parkway, Arnold, MD 21012. Phone 410.777.2306 – FAX 410.777.4070).

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