



Lorain County Community College Office for Special Needs Services

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VERIFICATION OF DISABILITY

The Office for Special Needs Services offers academic accommodations and services that provide equal access to students with disabilities at Lorain County Community College.

Students requesting accommodations must provide current and comprehensive documentation from their licensed professional in order for The Office for Special Needs Services to identify and determine appropriate academic accommodations. *All information remains confidential. A lack of thorough information on this form may delay the student receiving academic accommodations.*

To assist with this process, *please thoroughly complete* the following verification information and attach any standardized testing, assessments or relevant information that supports the stated diagnosis (es). Please return the form to the office address or fax above.

Applicants must have this information on file before accommodations can be made

Applicant's Name _____

Name of Certifying Professional: _____

Title: _____

Phone Number: _____ Office/Agency _____

Assessment tools/tests used _____

Diagnosis: _____

Date of Diagnosis _____

Level of Severity (circle one): Mild Moderate Severe

Diagnosis: _____

Date of Diagnosis _____

Level of Severity (circle one): Mild Moderate Severe

Initial contact with applicant _____ Last contact with applicant _____

****Please fill out back of form—2 pages**

Current medication(s): _____

Will medications/treatments impact student's academic performance? Y or N
If yes, please explain _____

Please explain the functional impact of the student's diagnosis on academic performance such as: taking lecture notes, reading course material, writing assignments, taking exams, other

Based on your professional knowledge of the diagnosis, what specific accommodations do you recommend to address any impact on the student's academic performance (ex. testing accommodations, tape recording lectures, etc.)

Describe any other relevant information you may wish to share about this student, as it pertains to ways that may be of further assistance.

Signature of Certifying Professional

Date

Thank you for providing information to assist this applicant. All information provided remains confidential.

