

PROGRAM: COMMUNITY BASED
SITE:
CRN:

MEDICAL VERIFICATION FORM

Student's Name: _____ **Date Of Birth:** _____

CWID#: _____ **Medical Record #:** _____

In order to receive disability-related services at Foothill College, verification of disability must be provided.

THIS SECTION MUST BE COMPLETED BY A LICENSED OR CERTIFIED PROFESSIONAL:

Please provide the following information in full in order to help determine reasonable educational accommodations to support this student.

DIAGNOSIS: _____

DSM IV Code and severity, if applicable: _____

Please describe how this condition substantially limits major life activities:

- Breathing Caring for Self Hearing Learning Moving Performing Manual Tasks
 Seeing Speaking Walking Working Other: _____

Functional Limitations:

- Concentration Forming/Executing Plans Memory Overcoming Obstacles
 Processing Instructions Social Interaction Stamina Other

Condition is: Stable Prone to exacerbation
Duration of disability: Permanent/chronic Temporary (date of reevaluation or estimated duration of disability) _____

Verifying Professional's Signature: _____ **Date:** _____

Printed Name: _____ **Phone #:** () _____

Address: _____

Are you the diagnostician? Yes No

Note if answered "no" please include the student's supporting medical documents.

If you are not the diagnostician and are not able to provide supporting medical documents, please write your observations of the student's disabilities:

This section must be completed by the ALD/DRC Staff Only:

DISABILITY CODE

- A:** ADHD **L:** Learning Disability **I:** Intellectual Disability ((Dev. Delayed Learner) **V:** Blind & Low Vision
 B: Acquired Brain Injury **P:** Mental Health **S:** Other Health Condition (Chronic, Speech) **NC:** Non-Claimable
 H: Deaf & Hard of Hearing **U:** Autism Spectrum **M:** Mobility/Physical Disability

Initial of ALD/DRC Staff: _____ **Date:** _____

DISABILITY DEFINITIONS: By state of California Administration Code, Title 5, Section 56044 identifies the following disabilities for the purposes of funding:

- 1.) Physical Disability means a visual, mobility or orthopedic impairment.
- 2.) Visual impairment means total or partial loss of sight. (Legal Blindness = In best eye, with best correction 20/200 or Partial Sight = 20/70)
- 3.) Mobility or orthopedic impairment means a serious limitation in locomotion or motor function.
- 4.) Communication Disability is defined as impairment in the processes of speech, language or hearing.
 - a. Hearing impairment means a total or partial loss of hearing function, which impedes the communication process essential to language, educational, social and/or cultural interactions. (Deaf = loss great enough that hearing is no longer mode for communication and condition requires use of communication mode other than oral, including sign language, TTY etc. Mild-moderate = average unaided loss in better ear 35-54db.; aided, 20-54db.; severe = average loss in better ear, 55 db or greater or speech discrimination less than 50% or documentation of rapid loss.)
 - b. Speech and language impairments mean one or more speech/language disorders of voice, articulation, rhythm and /or the receptive and expressive language processes, not caused by acquired brain injury, physical, psychological or hearing impairment.
- 5.) Learning Disabilities will be verified by Foothill College Learning Disability Specialist
- 6.) Acquired Brain Impairment means a verified deficit in brain functioning caused by external or internal trauma, which results in a total or partial loss of cognitive, communicative, motor, psychosocial and/or sensory-perceptual abilities. Not applicable to conditions induced or present at birth, or progressive and/or degenerative in nature.
- 7.) Developmentally Delayed Learner must submit test results or Regional Center certification. A DDL student is one who exhibits the following:
 - a. Below average intellectual functioning; and
 - b. Potential for measurable achievement in the instructional setting.
- 8.) Psychological Disability means a persistent psychological or psychiatric disorder, or emotional or mental illness, listed as moderate or severe on Axis I or II in the DSM and interferes with a major life function and poses an educational limitation. ... *The following conditions are not qualified: DSM V Codes or transvestitism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments, or other sexual behavior disorders compulsive gambling, kleptomania, or pyromania and psychoactive substance abuse disorders resulting from current illegal use, or a developmental disorder (see DDL).*
- 9.) Other Disabilities includes students with disabilities that do not fall into any of the categories described but whose conditions limit a major life activity, present an educational limitation and require support services or instruction. (Example, heart conditions, tuberculosis, AIDS, diabetes).

SIGNATURE REQUIREMENTS: Licensed Certified Professionals must be legally qualified to diagnose the disability in question. For physical, mobility, vision, and other medical disabilities: M.D, O.D. For hearing disabilities: Audiologist submits recent audiogram. For disabilities related to the back: M.D. or D.C. For speech impairments: licensed speech professional. For psychological disabilities and ADHD: Psychiatrist, PhD. Psychologist, LMFCC or LCSW (indicate license #). For DDL: submission of test results or regional center certification required.

For further information on qualifying disabilities and/or signature and documentation requirements, call Adaptive Learning Division at (650) 949- 7017.

The Community College District uses the information requested on this form for the purpose of determining a student's eligibility to receive authorized special services provided by the Disabled Students Programs and Services. Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure. Portions may be shared with the Chancellor's Office of the California Community Colleges or other state or federal agencies, in such a manner as to comply with applicable statutes regarding confidentiality, including the Family Educational Rights & Privacy Act (20 U.S.C. 1232(g)). Pursuant to Section 7 of the Federal Privacy Act (P.L. 93-578, 5 U.S.C.552a, note), providing your social security number is voluntary. The information is being collected pursuant to California Education Code section 67310+67312, and 84850; and California Code of Regs. Title 5, Section 56000 et seq.