CUESTA COLLEGE

Disability Support Programs and Services

Verification of Disability

The student named below has requested services/accommodations at Cuesta College. Date: _____

Name: Last, First, Middle Initial | Identification or Social Security Number

Address: Street, City, State, ZIP | Phone Number

- **This form must be completed by a Licensed Professional.**
- **Items 1 through 5 must be answered.**
- **Reports and test scores must be included for some disabilities.**

1. Description of Disability (only one disability on each form):

- ☐ Acquired Brain Injury
- ☐ Intellectual Disability
- ☐ Deaf/Hard of Hearing
- ☐ Learning Disability
- ☐ Mobility
- ☐ ADHD
- ☐ Autism
- ☐ Vision
- ☐ Mental Health: DSM-V incl. Code(s) _____
- ☐ Other _____

2. Educational/Functional Limitations:

- ☐ Producing in-class notes, assignments, or other written requirements
- ☐ Seeing or processing visually presented classroom materials, texts, or other printed materials
- ☐ Hearing or processing lectures or other verbally presented information
- ☐ Taking tests in traditional manner
- ☐ Completing course requirements without specialized tutoring
- ☐ Scheduling and registering for courses
- ☐ Acquiring knowledge of college and community resources
- ☐ Moving around campus or classroom (for temporary disability only)
- ☐ Using college facilities, equipment, and materials. Explain: _____
- ☐ Other: _____

3. Recommended academic adjustments, auxiliary aids, services and/or instruction: _____

4. This Disability is: ☐ Permanent/Chronic ☐ Temporary, estimated duration:

5. This Disability is: ☐ Observable ☐ Not Observable

Licensed Professional

Print Name	**Title**
Signature	
Address	
Phone	

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