

Disability Services and Programs for Students

DATE: _____

RE: _____
(Student Name)

DOB: _____

URGENT REQUEST

The above named student is enrolling at the College of the Redwoods and is applying for supplementary services due to a disability. The California Community College Chancellor's Office and Title V regulations require that disability verification must be on file in the College of the Redwoods Disability Programs and Services for Students. **A Physician or licensed therapist must sign this verification.** The verification must state the nature of the disability, its degree, and its effect on the student.

Please complete the enclosed form and return it to the student, or send it to our office via fax or mail. Attached is a copy of the student's signed medical release form for your records.

We appreciate your prompt response. If you have any questions or suggestions as how this office may more effectively serve the student, please call (707) 476-4280.

Please return the attached Disability Verification form completed by the physician or verifying professional as soon as possible. The fax number is (707) 476-4418. We do not require the original documents.

Sincerely,

Disability Services and Programs for Students
College of the Redwoods



College of the Redwoods
DSPS Disability Verification
Disability Services and Programs for Students

Date of Request: _____

The student named below may be eligible for special services at this college. In order to provide services, a verification of a qualifying condition must be on file with our office. ("Disabled Person" means any person who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such impairment. "Major life activities" mean functions such as caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, working, the operation of a major bodily function, including but not limited to, functions of the immune system, normal cell growth, digestive bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

Name: _____	*ID #: _____	DOB: _____
Address: _____		City: _____
State: _____	Zip: _____	Phone: _____

Please provide the following information in full, in order for the student to qualify for eligibility and help us determine reasonable educational and physical accommodations: (Definitions on reverse side)

1. Diagnosis A) _____ B) _____

If applicable, DSM IV or V Code _____ Severity: Moderate [] Severe [] Residual/Remission []

Date of initial diagnosis: _____

ADD/ADHD Only, method used in determining diagnosis: _____

2. Please determine which of the following major life activities are substantially limited and initial the level of severity.

3. Please determine which of the following are impacted by the disability and initial the level of severity.

Major Life Activity	1 mild	2	3	4	5 severe	Impact of disability	1 mild	2	3	4	5 severe
Walking						Stamina					
Seeing						Concentration					
Hearing						Forming Plans					
Speaking						Executing Plans					
Breathing						Social Interaction					
Performing manual tasks						Overcoming Obstacles					
Moving						Memory					
Caring for self						Other (with explanation)					
Working											
Learning											

4. Condition is [] stable. [] prone to exacerbations.

5. Duration is [] permanent/chronic. [] temporary (**estimated duration** _____)

I understand that the information provided by the verifying professional will become part of the student record, and may be released to the student upon their written request.

Physician's Signature _____ Date _____

Print name/Title _____

**Please return this and any attached medical, psychological and/or educational documents
to: College of the Redwoods Disability Services and Programs for Students**

7351 Tompkins Hill Road Eureka, CA 95501 Phone: (707) 476-4280 FAX: (707) 476-4418 TTY: (707) 476-4284

DISABILITY DEFINITIONS: by State of California Administration Code, Title 5, Section 56032 to 56044 identifies the following disabilities for the purposes of funding:

1. **Physical Disability** as a limitation in locomotion or motor functions. These limitations are the result of specific impacts to the body's muscular-skeletal or nervous systems, and limit the student's ability to access the educational process.
2. **Blind & Low Vision** is defined as a level of vision that limits the student's ability to access the educational process. (In best eye, with best correction 20/200 = legal blindness or 20/70 = partial sight.)
3. **Other:** 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.
4. **Deaf or Hard of Hearing** is defined as a total or partial loss of hearing function that limits the student's ability to access the educational process.
5. **Autism Spectrum** disorders are defined as neurodevelopmental disorders described as persistent deficits which limit the student's ability to access the educational process. Symptoms must have been present in the early developmental period, and cause limitations in social, academic, occupational, or other important areas of current functioning.
6. **Learning Disability (LD)** is defined as a persistent condition of presumed neurological dysfunction which may exist with other disabling conditions. The dysfunction is not explained by lack of educational opportunity, lack of proficiency in the language of instruction, or other non-neurological factors, and this dysfunction limits the student's ability to access the educational process. To be categorized as a student with a learning disability, a student must meet the following criteria through psycho-educational assessment verified by a qualified specialist certified to assess learning disabilities:
 - a. Average to above-average intellectual ability; and
 - b. Statistically significant processing deficit(s); and/or
 - c. Statistically significant aptitude-achievement discrepancies.
7. **Acquired Brain Injury** is defined as a deficit in brain functioning which results in a total or partial loss of cognitive, communicative, motor, psycho-social and/or sensory-perceptual abilities, and limits the student's ability to access the educational process.
8. **Intellectual Disability (ID)** is defined as significant limitations both in intellectual functioning and in adaptive behavior that affect and limit the student's ability to access the educational process. An individual may have an intellectual disability when:
 - (1) the person's functioning level is below average intellectual ability; and
 - (2) the person has significant limitations in adaptive skill areas as expressed in conceptual, social, academic and practical skills in independent living and employment; and,
 - (3) the disability originated before the age of 18.
9. **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 IV or 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).
10. **ADHD : Attention-Deficit Hyperactivity Disorder** is defined as a neurodevelopmental disorder that is a persistent deficit in attention and/or hyperactive and impulsive behavior that limits the student's ability to access the educational process

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. or O.D. For hearing disabilities: Audiologist submits recent audiogram. For disabilities related to the back: M.D. or O.D. For speech impairments: Licensed speech professional. For psychological disabilities and ADHD: Psychiatrist; Ph.D. Psychologist, LMFCC or LCSW (indicate license #). For DDL: submission of test results or regional center certification required.

For further information on qualifying disabilities or documentation requirements, call the DSPS office at (707) 476-4280

*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 Disability Services and Programs for Students (DSPS) Program. Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure. Portions of this information may be shared with the Chancellor's Office of the California Community Colleges or other state or federal agencies; however, disclosure to these parties is made in strict accordance with applicable statutes regarding confidentiality, including the Family Educational Rights and Privacy Act (20 U.S.C. 1232 (g)). Pursuant to Section 7 of the Federal Privacy Act (Public Law 93-579; 5 U.S.C. § 552a, note), providing your social security number is voluntary. The information on this form is being collected pursuant to California Education Code Sections 67310-67312, and 84850; and California Code of Regulations, Title 5, Section 56000 et seq.