



DISABILITY VERIFICATION PACKET

On the Disability Verification Form included in this packet.

INSTRUCTIONS TO STUDENT:

In order to receive disability-related services at Los Angeles Mission College, a student must submit a Disability Verification Form, documenting a physical and/or psychological disability. The form must be completed and signed by a licensed/certified professional qualified to diagnose and treat the conditions.

- STEP 1. Print this packet which includes 4 pages: Instructions, Form, Letter, and Disability Definitions.
 - STEP 2. Complete the Student Information section on the Disability Verification Form [page 2] and be sure to sign where indicated.
 - STEP 3: Provide this packet to your treating professional.
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CONFIDENTIAL

Phone 818-364-7732 - TTY: 818-364-7861
Fax 818-833-3318

DISABILITY VERIFICATION FORM

STUDENT INFORMATION

TO BE COMPLETED BY STUDENT

NAME: _____ SSN/ID #: _____ BIRTHDATE: _____
ADDRESS: _____ CITY: _____ ZIP: _____
PHONE #: _____ CELLPHONE #: _____ EMAIL: _____

I hereby authorize my health provider to release the information requested below. (student signature: _____)

TO BE COMPLETED BY PROFESSIONAL

Name of Licensed or Certified Professional: (please print clearly) _____
Address: _____ City: _____ Zip: _____
Phone #: _____ Fax #: _____ Email: _____

Please provide the following information in full in order to qualify the student for eligibility and help us determine reasonable educational and physical accommodations:

1. Diagnosis: (Required, please print clearly)

A: _____ B: _____

If Applicable, DSM Code: _____ Severity: Moderate Severe Residual/Remission

2. This condition substantially limits the following major life activities: (Required)

- Moving Walking Manual Tasks Bending Standing Lifting Breathing Concentrating
- Seeing Reading Hearing Communicating Sleeping Eating Caring for Self Writing

3. Does it impact any of the following? (Optional)

- Stamina Forming/Executing Plans Social Interaction Overcoming Obstacles Memory

4. List other limitations/information helpful in determining accommodations in an educational setting:(Required, please print)

5. Condition is: (Optional) Stable Prone to exacerbation

6. Prescribed Medications: (Optional)

7. Duration of Disability: (Required)

Permanent/Chronic Temporary

If disability is temporary, select one: Less than 45 day
 45 days or greater

Expected duration: _____

I understand that the information provided will become part of the student record subject to the Federal Family Education Rights and Privacy Act of 1974 and may be released to the student on their written request.

Signature: _____ Title/Lic. # _____ Date: _____



DISABILITY VERIFICATION FORM

LETTER TO TREATING PROFESSIONAL

Date: _____

Dear Health Professional:

The patient named on the attached Los Angeles Mission College **Disability Verification Form** has requested that his/her disability be verified. This documentation is for the purpose of making him/her eligible for special courses or disability-related services and is required by the California Educational Code, Title V.

Eligible conditions and the authorized health professionals who may verify them and sign the Disability Verification Form are described on the attached "Disability Definitions and Documentation", page 4.

INSTRUCTIONS:

- 1. Items 1 – 5--must be completed.**
- 2. Item 2—at least one "MAJOR LIFE ACTIVITY"** limitation must be checked in order for the student to be eligible.
- 3. Form must be COMPLETED and SIGNED by the health professional** qualified to diagnose and treat the specific condition. (See attached "*Disability Definitions and Documentation.*")
- 4. Please return this by FAX or Mail**, unless requested otherwise by student.
(*Attach any medical, psychological and/or educational documentation.*)

**LOS ANGELES MISSION COLLEGE
DISABLED STUDENTS PROGRAMS & SERVICES
13356 ELDRIDGE AVENUE
SYLMAR, CA 91342
FAX (818) 833.3318**

This completed form must be returned to the Services for Students with Disabilities' Office before the student can receive disability – based accommodations.

Thank you for your prompt attention on behalf of your patient. If you have questions, please call our office at (818) 364-7732.

Sincerely,

Disabled Students Programs & Services
Los Angeles Mission College

DISABILITY VERIFICATION PACKET

DISABILITY DEFINITIONS AND DOCUMENTATION

Eligibility for disability services is based on an individual's condition which must: **1.** Fall within the diagnostic categories listed below. **AND: 2.** Impair a major life activity, and **3.** Pose an educational limitation for which accommodation is required and appropriate.

Los Angeles Mission College uses the information requested on the Disability Verification Form for the purpose of determining a student's eligibility to receive authorized special services provided by Services for Students with Disabilities. The Definitions here per the State of California Administration Code, Title 5, Section 56032 to 56044.

Disability	Community College Definition*	Qualified Professionals	Important Notes
Physical Disability	Visual, mobility or orthopedic impairment	Medical Doctor, O.D.	
Visual Impairment	Total or partial loss of sight: in best eye, with best correction, 20/200=legal blindness or 20/70 =partial sight	M.D, Ophthalmologist, Optometrist	
Mobility, Orthopedic Impairment	Serious limitation in locomotion or motor function	M.D, O.D., see Comments	D.C. accepted for disabilities related to the back
Hearing impairment	Loss of hearing which impedes the communication process essential to language, educational, social and/or cultural interactions.	Audiologist, M.D.	Submit: SSD Disability Verification form and audiogram within last 3 years.
Deaf	Requires use of communication mode other than oral, including sign language	Audiologist , M.D.	Submit: SSD Disability Verification form and audiogram within last 3 years.
Hard of Hearing	1. Severe=avg. loss in better ear, 55 db. 2. Mild-Moderate=avg. unaided loss in better ear 35-54 db.; aided, 20- 54 db. or greater 3. Speech discrimination less than 50% 4. Documentation of rapid l	Audiologist, M.D.	Submit: SSD Disability Verification form and audiogram within last 3 years.
Speech and Language Impairment	Speech/language disorders of voice, articulation, rhythm and/or the receptive and expressive language processes	Licensed Speech Professional	NOT caused by acquired brain injury, physical, psychological or hearing impairments.
Learning Disabilities	To be categorized as LD, a student must exhibit: a) average to above-average intellectual ability; b) severe processing deficit(s); c) severe aptitude achievement discrepancy(ies); & d) measured achievement in an instructional or employment setting.	PhD / PsyD Psychologist, College LD Specialist, Other appropriate professional	VERIFIED BY THE SSD LEARNING DISABILITIES SPECIALIST (818) 947-2703 Must provide Test Report / Results
Acquired Brain Impairment	Deficit in brain functioning caused by external or internal trauma, resulting in loss of cognitive, communicative, motor, psychosocial and/or sensory-perceptual abilities.	M.D. Neurologist, Neuropsychologist	Submit recent Neuropsych Report, if available. Not applicable: conditions induced or present at birth, or progressive and/or degenerative in nature.
Developmentally Delayed Learner	A DDL student is one who exhibits the following: a) below average intellectual functioning; and b) potential for measurable achievement in the instructional setting.	Submit test results or Regional Center certification.	For more information on specific tests/scores, contact SSD at (818) 947-2681
Psychological Disability	* persistent psychological or psychiatric disorder, or emotional or mental illness * moderate or severe on Axis I or II in the DSM * interferes with a major life function * poses an educational limitation.	Psychiatrist; PhD. Psychologist, LMFT or LCSW (indicate license #)	Not qualified: developmental disorders, sexual behavior disorders, compulsive gambling, kleptomania, pyromania, and psychoactive substance abuse disorders resulting from current illegal use.
ADD/ADHD	Meets DSM diagnostic criteria and poses an educational limitation	Psychiatrist; PhD.Psychologist, LMFT or LCSW (indicate license #)	
Other Disabilities	Health conditions that * limit a major life activity * present an educational limitation and * require support services or instruction	Licensed Certified Professional who is legally qualified to diagnose the disability in question	Examples include, but are not limited to: heart conditions, renal failure, tuberculosis, AIDS, diabetes

For further information on qualifying disabilities and/or signature and documentation requirements, call the Disabled Students Programs & Services at 818-364-7732. 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 Sect. 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, Sect. 56000 et seq