Access and Disability Services

Disability Verification	***To be completed by a certifying professional**** *(*Medical doctor or other licensed certifying professional.)*

A completed disability verification form is required to determine eligibility for academic adjustments, accommodations and support services for the Whatcom Community College student named below.

Student's Last Name	First Name

Whatcom Community College Student ID#	Date of Birth (mm/dd/yyyy)	Today's Date

This section to be completed by a certifying professional

☐ Yes ☐ No **Is the above named student currently under your care?**

Disability is:	☐ Observable	**Disability is:**	☐ Permanent/Chronic
	☐ Not Observable		☐ Temporary; expected duration:

Diagnosis and description of disability(ies):

Treatments/medications (if applicable):

Side effects of medication which may affect academic functioning:

Level of personal/family support:

Limitation of Major Life Activities							
Activity	Mild	Mod	Severe				
Remembering/Memory				**Please check all that apply:**			
Paying Attention				Chronic pain		Easily fatigued	
Social Interacting				Agoraphobia		Easily Overwhelmed	
Cognitive Processing				Easily distracted / Limited concentration			
Reading				Panic attacks / Anxiety			
Writing				Other limitations:			
Speaking							
Fine Motor Skills							
Standing/Walking							
Mobility/Limited Range of Motion							
Hearing				→ db loss: Left __________ Right __________ Comments:			
Vision				→ Visual Acuity: Left __________ Right __________ Left __________ Right __________ Comments:			

Please sign below as the certifying professional

**If someone other than you determined the diagnosis, please include their information in the spaces provided.*

Printed Name of Certifying Professional		
Title	License #	
Signature	Date	
Address		
City	ST	Zip
Telephone (please include area code)	Fax (please include area code)	
*Diagnosis made by (if other than certifying professional please print name & title):		
Address		
City	ST	Zip
Telephone (please include area code)	Fax (please include area code)	

Whatcom
COMMUNITY COLLEGE

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