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|--|---|-----------------------|--|
| Disability Verification | <i>To be completed by a certifying professional*</i> <i>(*Medical doctor or other licensed certifying professional.)</i> | | |
| 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 | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Is the above named student currently under your care? | | | |
| Disability is: | <input type="checkbox"/> Observable | Disability is: | <input type="checkbox"/> Permanent/Chronic |
| | <input type="checkbox"/> Not Observable | | <input type="checkbox"/> 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 <u>all</u> that apply: |
| Paying Attention | | | | Chronic pain |
| Social Interacting | | | | Easily fatigued |
| Cognitive Processing | | | | Agoraphobia |
| Reading | | | | Easily Overwhelmed |
| Writing | | | | Easily distracted / Limited concentration |
| Speaking | | | | Panic attacks / Anxiety |
| Fine Motor Skills | | | | Other limitations: |
| Standing/Walking | | | | |
| Mobility/Limited Range of Motion | | | | |
| Hearing | | | | |
| Seeing | | | | |

| Please sign below as the certifying professional | | | |
|--|--------------------------------|--|--|
| <i>*If someone other than you determined the diagnosis, please include their information in the spaces provided.</i> | | | |
| Printed Name of Certifying Professional | |  <p>Whatcom COMMUNITY COLLEGE</p> <p>Access & Disability Services 237 W Kellogg Rd. Bellingham, WA 98226</p> <p>Tel: (360) 383-3043</p> <p>Confidential Fax: (360) 383-4043</p> <p>Email: ADS@whatcom.edu</p> <p>www.whatcom.edu</p> | |
| 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) | | |

Notice of Non-Discrimination

Whatcom Community College does not discriminate on the basis of race, color, national origin, religion, sex, disability, honorably discharged veteran or military status, sexual orientation, genetic information or age in its programs and activities. WCC publications are available in alternate formats upon request.