

Grossmont College Accessibility Resource Center (A.R.C.) Verification of Disability

Date: _____

CONFIDENTIAL

The student named on this form is applying for academic accommodations and disability support services at Grossmont College's A.R.C. In order to determine the student's eligibility, we must verify a disability exists as defined on page 2.

You may send this completed form to the A.R.C in one of the follow ways:

Mail: 8800 Grossmont College Drive, El Cajon, CA 92020

Fax: (619) 644-7980

E-mail: grossmont.arc@gcccd.edu

Name: _____
Last First Middle Name Student ID (Grossmont)

Address: _____
Street City Zip Code Date of Birth Phone Number

Certifying Professional: Please complete the fields below; include your license or provider number with your signature.

1. PRIMARY DIAGNOSIS: _____

If applicable DSM-5 code and severity: _____

2. Describe how this condition substantially limits major life activities in an educational setting: _____

Is there an impact on: vision hearing mobility memory concentration

If applicable, how do side effects of prescribed medications substantially limit major life activities in an educational setting:

3. Condition is: stable prone to exacerbations

4. Duration of Disability: permanent/chronic temporary - estimated duration and/or date of re-evaluation:

1. SECOND DIAGNOSIS: _____

If applicable DSM-5 code and severity: _____

2. Describe how this condition substantially limits major life activities in an educational setting: _____

Is there an impact on: vision hearing mobility memory concentration

If applicable, how do side effects of prescribed medications substantially limit major life activities in an educational setting:

3. Condition is: stable prone to exacerbations

4. Duration of Disability: permanent/chronic temporary - estimated duration and/or date of re-evaluation:

I understand this form will become part of the student's academic record at Grossmont College and will be subject to the Federal Family Education Rights and Privacy Act (FERPA) of 1974. This form may be released to the student upon the student's written request.

Signature: _____
(Certifying Professional) Title and License Number Date

Name (please print): _____ Phone: _____ Ext: _____

Address: _____
Street City State Zip Code

Administrative Code, Title 5, identifies the following disabilities for funding purposes:

- I. **Physical Disability** means a visual, mobility, orthopedic or other health impairment.
 - a. Visual impairment means total or partial loss of sight.
 - b. Mobility and orthopedic impairment means a serious limitation in locomotion or motion functions.
 - c. Other health impairment means a serious dysfunction of a body part or system which necessitates the use of one or more of the supportive services or programs.
- II. **Communication Disability** is an impairment in the process of speech, language or hearing.
 - a. Hearing impairment means a total or partial loss of hearing function which impedes the communication process essential to language, educational, social and/or cultural interaction.
 - b. Speech and language impairment means one or more speech-language disorder of voice, articulation, rhythm, and/or the receptive and expressive processes of language.
- III. **Learning Disability** is a persistent condition of neurological dysfunction which may exist with other disabling conditions. This dysfunction continues despite instruction in standard classroom situations. Learning disabled ADULTS, A HETEROGENEOUS GROUP, HAVE:
 - a. average to above average intellectual ability;
 - b. severe processing deficit(s);
 - c. severe aptitude-achievement discrepancy(ies);
 - d. measured appropriate adaptive behavior in school or job setting; and
 - e. measured appropriate adaptive behavior in an instruction or employment setting.
- IV. **Acquired Brain Injury** means a deficit in brain functioning which is non-degenerative or progressive and is medically verifiable in a total or partial loss of one or more of the following: cognitive, communication, motor, psycho-social or sensory perceptual abilities.
- V. **Psychological Disability** is a psychiatric or psychological condition diagnosed by a Psychiatrist or Ph.D. Psychologist which limits a major life and poses a functional limitation within the educational setting requiring accommodation.
- VI. **Developmentally Delayed Learner** is a student who exhibits:
 - a. below average intellectual functioning
 - b. impaired social functioning
 - c. potential or measurable achievement in a school or job setting
- VII. **Multiple Disabilities** are defined as two or more functional impairments as described above.

The Vocational Educational Act identifies the following additional “disability” conditions for services to students enrolled in eligible vocational programs. Seriously emotionally disturbed, including mental or psychological impairments or chemical dependency.