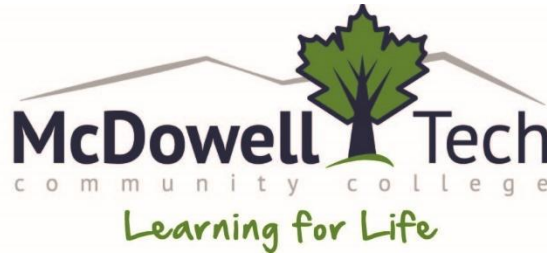


ADA & ADA

DISABILITY VERIFICATION

CONFIDENTIAL

Return this form to Accessibility Services.



OFFICE OF ACCESSIBILITY SERVICES

54 College Dr., Marion, NC 28752

828-659-0489

McDowell Technical Community College is committed to compliance with the Americans with Disabilities Act (1990), Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Amendments Act (2008). FERPA (Family Educational Rights and Privacy Act) is a federal statute that precludes McDowell Technical Community College from providing student record information to anyone but the student without the student's written authorization. The purpose of this form is to assist McDowell Technical Community College in determining whether, or to what extent, a reasonable accommodation will allow a student access to equal opportunity in educational pursuits.

To be completed by the student:

Name: _____

By my signature below, I hereby authorize my healthcare provider, _____, to furnish the following information to the Office of Accessibility Services at McDowell Technical Community College. I further agree that the Coordinator of Disability Services may contact my healthcare provider named above to obtain additional information related to my limitations and recommended accommodations. I understand that relevant information obtained may be shared with the Vice President of Student Services and others involved in assisting with the establishment of reasonable accommodations.

Signature

date

To be completed by the healthcare provider:

Please list diagnoses that are related to the student's ability to perform essential academic tasks.

Primary diagnosis: _____

Date of diagnosis: _____

Is the condition listed above (circle one): permanent temporary episodic

- If temporary, estimated length of recovery period: _____
- If episodic, estimated length of time between flare-ups: _____

Secondary diagnosis: _____

Date of diagnosis: _____

Is the condition listed above (circle one): permanent temporary episodic

- If temporary, estimated length of recovery period: _____
- If episodic, estimated length of time between flare-ups: _____

Is the condition listed above (circle one): mild moderate severe

Please list any other comorbid diagnoses that may impact academic accessibility:

According to the Americans with Disabilities Amendments Act, major life activities may include but are not limited to the following. Please check all that are impacted by the physical or mental impairment of the student:

	Caring for oneself		Lifting
	Performing manual tasks		Operation of a major bodily function
	seeing		Bending
	hearing		Speaking
	eating		Learning
	sleeping		Reading
	walking		Concentrating
	standing		thinking
	communicating		working

Does the student’s physical or medical impairment significantly impact any of the following academic-related activities?

- Understanding lectures
- Concentrating during class
- Taking notes in class
- Participating in class
- Communicating with instructors
- Communicating with peers
- Completing assignments
- Taking exams
- Reading materials for class

Please list any other academic impact(s) not mentioned above:

Provider Name: _____

Practice address and phone number:
