Disability Resources for Students Office

Disability Verification

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

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

Today's Date	CPTC Student ID#	Date of Birth (mm/dd/yyyy)

Student's Last Name	First Name	Middle Initial

This section to be completed by a certifying professional

☐ Yes ☐ No **Is the above named student currently under your care?**
If not, when did you last provide services to this student?____

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

Diagnosis and description of disability(ies):

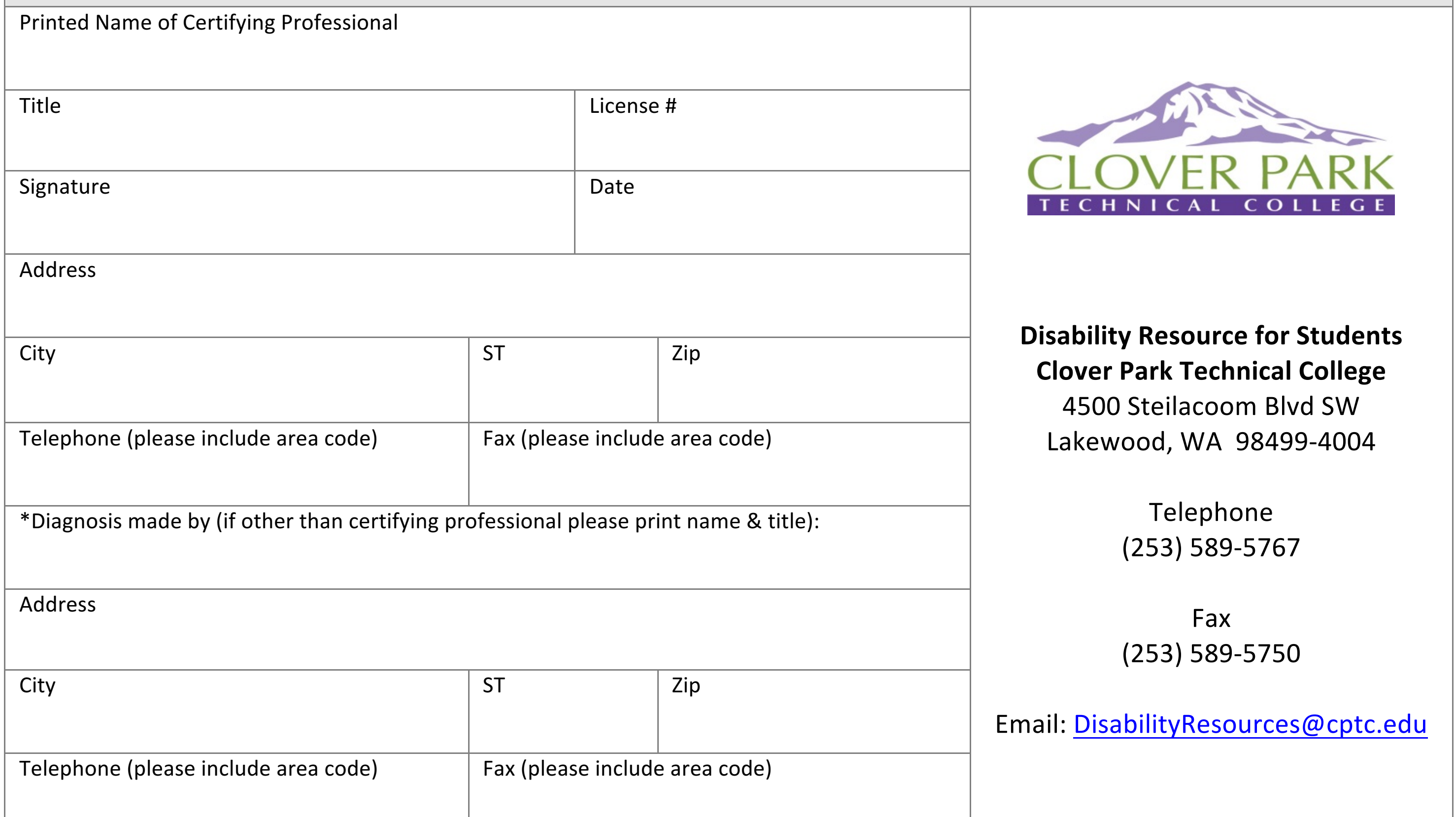
Prescribed treatments/medications:

Side effects of medication which may affect academic functioning:

DSM IV-R or succeeding equivalent, as appropriate:

Axis I
Axis II
Axis III
Axis IV
Axis V

Impact on Major Life Activities: Please check all that apply							
Activity	Mild	Mod	Severe	Other			
Breathing				Chronic Pain		Easily Fatigued	
Paying Attention				Anxiety		Easily Overwhelmed	
Interacting				Panic Attacks		Impulsive	
Processing				Agoraphobia		Easily Distracted	
Reading				Other:			
Remembering							
Self-Care							
Sitting							
Standing/Walking							
Speaking							
Writing/Fine Motor Skills							
Hearing				db loss: Left ______________ Right ______________ Comments:			
Vision				Visual Acuity Left ______________ Right ______________ Field Left ______________ Right ______________ Comments:			



Please sign below as the certifying professional

**If someone other than you determined the diagnosis, please include their information below*

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)	

Disability Resource for Students
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