



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

Not Observable

Disability is:

Permanent/Chronic

Temporary; expected duration:

Diagnosis and description of disability(ies):

Prescribed treatments/medications:

Side effects of medication which may affect academic functioning:

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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