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:

Clover Park Technical College does not discriminate on the basis of race, color, national origin, age, perceived or actual physical or mental disability, pregnancy, genetic information, sex, sexual orientation, gender identity, marital status, creed, religion, honorably discharged veteran or military status, or use of a trained guide dog or service animal. For inquiries please contact Title IX coordinator James Neblett, Associate Vice President for Human Resources & Culture, 253-589-5533, james.neblett@cptc.edu; or Section 504/disability coordinator Melissa Medina, Manager of Student Disability Services, 253-589-5755, melissa.medina@cptc.edu. All offices are located in Building 17, 4500 Steilacoom Blvd SW, Lakewood, WA 98499.

Impact on Major Life Activities: Please check <u>all</u> 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
Clover Park Technical College
4500 Steilacoom Blvd SW
Lakewood, WA 98499-4004

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(253) 589-5767

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(253) 589-5852

Email: DisabilityResources@cptc.edu