

BALTIMORE CITY COMMUNITY COLLEGE

DISABILITY SUPPORT SERVICES CENTER • 2901 LIBERTY HEIGHTS AVENUE • BALTIMORE, MD 21215-7893

DISABILITY VERIFICATION FORM

_____ may be eligible for special accommodations at Baltimore City Community College. Please review the Common Disabilities and Individuals Qualified to Render Diagnosis listed below prior to completing the attached Disability Verification Form. The diagnostician must be impartial and not a family member of the student.

Common Disabilities and Individuals Qualified to Render Diagnosis:

Attention Deficit Hyperactivity Disorder (ADHD or ADD) ADHD is considered a medical or clinical diagnosis. Individuals qualified to render a diagnosis for this disorder are practitioners who have been trained in the assessment of ADHD and are experienced in assessing the needs of adult learners. Recommended practitioners may include: developmental pediatricians, neurologists, psychiatrists, licensed clinical or educational psychologist, family physicians or a combination of such professionals.

Blind/Low Vision Ophthalmologists are the primary professionals involved in diagnosis and medical treatment of individuals who are blind or who experience low vision. Optometrists provide information regarding the measurement of visual acuity as well as tracking and fusion difficulties.

Head Injury/Traumatic Brain Injury Head injury or traumatic brain injury is considered a medical or clinical diagnosis. Individuals qualified to render a diagnosis for these disorders are practitioners who have been trained in the assessment of head injury or traumatic brain injury. Recommended practitioners include: physicians, neurologists, rehabilitation and school psychologists; neuropsychologists and psychiatrists.

Deaf/Hard of Hearing (HOH) Physicians, including otorhinolaryngologists and otologists, are qualified to provide diagnosis and treatment of hearing disorders. Audiologists may also provide current audiograms.

Medical/Physical/Systematic Disorders Includes but is not limited to: multiple sclerosis, cerebral palsy, chemical sensitivities, spinal cord injuries, cancer, AIDS, muscular dystrophy, Crone's disease and spina bifida. Any physical disability or systemic illness is considered to be in the medical domain and requires the expertise of a physician, including a neurologist, or other medical specialist with experience and expertise in the area for which accommodations are being requested.

Psychiatric/Psychological Disorders Includes, but is not limited to, depressive disorders, post-traumatic stress disorder, bipolar disorders and dissociative disorders. A diagnosis by a licensed mental health professional including licensed clinical social workers, licensed professional counselor, psychologists, psychiatrists and neurologists is required and must include the licensee number.

Specific Learning Disabilities Professionals conducting assessment and rendering diagnoses of specific learning disabilities must be qualified. A qualified professional needs to hold a degree in a field related to diagnosis of SLD and have at least one year of diagnostic experience with adults and late adolescents. Recommended practitioners include: certified and/or licensed psychologists, learning disabilities specialists, educational therapists, and diagnosticians in public school or colleges and rehabilitation services and private practitioners with the above qualifications are typically considered qualified.

Phone 410-462-8585 • Fax 410-462-8556 • TTY 410-462-8584



**Disability Support Services Center
2901 Liberty Heights Avenue, MNB 023
(410) 462-8585 /PH (410) 462-8556 /FAX (410) 462-8584 /TTY**

Disability Verification Form

SECTION I – TO BE COMPLETED BY STUDENT

NAME: _____

Last 4 SSN: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ Email Address: _____

PHYSICIAN: _____

PHYSICIAN'S ADDRESS: _____

I authorize the release of the information requested on this Disability Verification Form to the Disability Support Services Center at Baltimore City Community College. I understand that this information will remain confidential and will be used only in providing appropriate support necessary for the completion of Baltimore City Community College. This release of information does not permit the disclosure of these records to any other persons or entities without my written consent. I understand that at any time, through written notice, I can amend, change, or cancel this agreement with Disability Support Services Center. The revocation of this agreement will have no effect on disclosures previously made. This authorization expires one year from the date, which appears below.

Note: Should the student's condition change (for better or worse), the student must provide updated documentation so his/her accommodations can be adjusted accordingly.

Signature

Date

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____ the undersigned, consent to and request all appropriate persons and/or agencies or institutions to release information regarding myself to Baltimore City Community College for use in educational/vocational planning. All information will be kept confidential and maintained as part of my records with the Disability Support Services Center. I authorize the release of information to include one or more of the following records:

- **Medical Reports**
- **Learning Disability Assessment Reports**
- **Psychiatric Evaluation Results**
- **Vocational Rehabilitation Plan**
- **Audiology and Speech/Language Pathology Reports**
- **Other** _____

I further give permission for the Disability Support Services Center to discuss my educational situation with other professionals who have a legitimate educational need to know. I understand that at any time, through written notice, I can amend, change, or cancel this agreement with Disability Support Services Center.

Student Signature: _____

Student ID #: _____

Date: _____

I have reviewed this agreement with the student and witnessed the student's signature above.

Disability Support Services Center Staff: _____

**SECTION IV - TO BE COMPLETED BY PHYSICIAN OR OTHER CERTIFYING PROFESSIONAL
QUALIFICATIONS OF CERTIFYING PROFESSIONAL**

ARE ACCOMMODATIONS RECOMMENDED? **YES** **NO**

All recommendations for accommodations should be directly related to the functional limitations. Clearly state how the accommodation mitigates the impact of the student's disability on specific tasks and activities.

ACCOMMODATION	RATIONALE

Please Print

Name: _____

Title: _____

Business Address: _____

Phone: _____ Fax: _____

Professional Credentials: _____

License/Certification Number: _____

I have read the list of Common Disabilities and Individuals Qualified to Render Diagnosis provided and verify that the above information is complete and accurate to the best of my knowledge.

Signature

Date

Thank you for your help in providing this information so that we may begin providing services and/or accommodations. Eligibility for services and/or accommodations is heavily based on the documentation provided. Therefore, incomplete or missing information can prevent or delay the provision of accommodations and/or services.