

DISABILITY VERIFICATION FOR STUDENTS TO BE COMPLETED BY QUALIFIED HEALTH CARE PROFESSIONAL

_____ is a student at Seattle Central College who is requesting academic accommodations/services through Accessibility Resource Center. To ensure the provision of reasonable and appropriate services for students with a specific disability, Seattle Central College requests current documentation of disability and information which: defines diagnoses, describes attentional difficulties and functional limitations in an educational setting, indicates the severity and longevity of the condition. To facilitate the gathering of such information we ask that you respond to the following questions.

1. Diagnosis: _____
2. Level of severity: _____
3. Date of diagnosis: _____
4. Date of last contact with student: _____
5. What assessments/tests were used to assess/diagnose disability? (please attach diagnostic report)

6. Have you any suggestions to make regarding effective academic accommodations to equalize this student's educational opportunities at the post-secondary level?

7. In addition to the diagnostic report, please attach any other information you feel relevant in assisting in providing accommodations for this student.

Signature: _____

Print Name and Title: _____

Address: _____

Phone: _____ Date: _____

Please return this form to:

***Cebrina Chavez, Director
Accessibility Resource Center
Seattle Central College
1701 Broadway BE 1103
Seattle, WA 98106-1499***

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FAX: 206-934-3236

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