



# Disability Verification

## Disabled Students' Program & Services (DSPS)

### Disability Verification

STUDENT INFORMATION (This section must be completed by the student)

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Former Last Name: \_\_\_\_\_ Former First Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

I, \_\_\_\_\_ authorize the release of information from: \_\_\_\_\_

regarding my disability(ies). All information will be kept confidential and maintained as a part of my DSPS record. I authorize the release of information to include the following records identified below or that the professional designated below complete this form:

Name of Licensed or Certified Professional: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**The section below must be completed by licensed or certified professional Please provide the following information in full; attach test scores, reports and other relevant information.**

### Disability Status

☐ Permanent/Chronic

☐ Temporary Less than 45 days

☐ Temporary More than 45 days

Side effects of prescribed medication: \_\_\_\_\_

### Disability Description

☐ Acquire Brain Injury

☐ Intellectual Disability

☐ Mental Health

☐ Attention Deficit

☐ Learning Disability

☐ Physical Disability

☐ Autism Spectrum

☐ Other: \_\_\_\_\_

☐ Blind & Low Vision

☐ Hearing (Attach current audiogram)

### Functional Limitations

☐ Ambulation

☐ Life Planning

☐ Visual Acuity

☐ Auditory

☐ Motor Coordination

☐ Visual Processing

☐ Basic English/Math Skills

☐ Physical Condition

☐ Other: \_\_\_\_\_

☐ Cognitive Skills

☐ Poor Concentration/Memory

☐ Degree of Hearing Loss

☐ Poor Dexterity

☐ Recommended services/accommodations: \_\_\_\_\_

### Licensed Professional

I understand that the information provide by the verifying professional becomes part of the student's records and it may be released to the student upon their request.

Professional Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Licensed Professional Signature: \_\_\_\_\_ Date: \_\_\_\_\_