



Verification of Disability Form

The student listed on this form has requested accommodation for a disability at Kankakee Community College. The Office of Disability Services (ODS) is attempting to determine whether this student has a condition or combination of conditions that constitute a disability and whether the disability causes limitations for which the student needs reasonable accommodation(s).

Options for providing supporting documentation for academic accommodations for ODS may include:

- A letter from a health or mental health professional on letterhead with the date, signature, and credentials and must address the questions listed on the attached form (a doctor's prescription pad note is not sufficient). See Supporting Documentation Guidelines at the end of this document.
- For learning disabilities (LD) or ADD/ADHD diagnosis (assessments normed for adults are preferred). Please see pages 4 - 5 of this document for Specific Learning Disabilities (LDs) and ADD/ADHD Guidelines.
- A complete and detailed evaluation or diagnostic report of the condition and impact or limitations caused as a result of the condition(s).
- This completed Disability Verification Form. All sections/questions must be completed!

Section I:	Student Information (<u>to be completed by student</u>) Please Print				
Last Name:	First Name	: Middle Initial:	Date of Birth:		
I hereby authorized the listed provider to release information to Kankakee Community College – Office of Disability Services to determine my eligibility for academic accommodations.					
Student Signat	cure:	D	ate:		
Section II: Provider Information (to be filled out by the student)					
Last Name:	First Name	: Age	ncy/Organization/Clinic/Office		
Business Addr	ess	Phone Number	Fax Number		





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Section III: Documentation Information (<u>to be completed by provider</u>). Please provide details.

Diagno	osis	Date of Diagnosis
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1)	Please indicate what major life activities are affected by the diagnosis	5.
2)	What is the level of the limitation?	
3)	How does the diagnosis impact the student in a college setting - what This may include physical and/or cognitive impact.	: barriers do they present?
4)	If the student is taking medications, are there side effects that need the student's academic performance?	o be considered regarding
5)	Does the condition persist with medication?	
6)	Please describe the expected progression or stability of the impact of	the student's disability.





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7)	Might the student be considered harmful to self or others?		
8)	Include possible recommendations and or considerations to ass eligibility for accommodations.	ist KCC in the determination of	
9)	Please attach/include any other information (evaluations) releven condition.	ant to the student's current	
I understand and certify I am the Qualified Licensed Professional* responsible for determining the diagnosis and/or treatment of the student listed on this form and/or treating the student for the impairment/condition identified above; an accurate description of their diagnosis and functional limitations have been provided.			
Print N	lame	Date	
Signati	ure	License Number or Certification	