



Accommodations at
Collin
College for
Equal
Support
Services

Documentation Guidelines/ Disability Verification Form

Third party documentation will be considered as part of an interactive and individualized process that allows the ACCESS Office to determine eligibility and understand how a student's disability substantially limits one or more major life activity. Reasonable accommodations are recommended based on an understanding of the student's needs, functional limitations, and proposed academic adjustments.

Students are encouraged to upload any third-party documentation when they complete the *Student Disclosure and Accommodations Request Form*. However, having this documentation on file is **not** a requirement to schedule a meeting.

If you do not have documentation supporting a diagnosed disability, the attached form can be completed by an Educational Diagnostician, Medical Professional, Psychologist and/or School Psychologist, Speech or Language Therapist, Psychiatrist, Licensed Professional Counselor, etc. to support a diagnosed disability.



Accommodations at
Collin
College for
Equal
Support
Services

Disability Verification Form

I, _____, hereby request and authorize the following professionals to release pertinent medical, diagnostic, or psychological information to Collin College's ACCESS Office for the purpose of post- secondary educational planning and disability accommodation implementation.

Student Signature: _____ Date: _____

Pursuant to the Americans with Disabilities Act, Section 504 of the Rehabilitation Act, and ADA Amendments Act 2008, the student named above may be eligible for academic accommodations provided through the ACCESS Office at Collin College. In order to evaluate and help provide such services, we request diagnostic or supporting documentation concerning the student's disability from their health care provider. Please be assured that the information provided by you will remain confidential and will not be released to unauthorized persons.

Records may be faxed to the ACCESS office, 972.881.5896 or emailed to ACCESS_Documentation@collin.edu.

Please note: A student medical records supplied to the ACCESS Office constitute "education records" under the Family Educational and Privacy Act (FERPA) and as such may be reviewed by the student upon written request.

A photocopy or fax of this authorization shall be as valid as the original document.

To be completed by individual verifying disability:

Please complete all information relevant to the student and their disability.

1.) Is the student currently under your care? ___ Yes ___ No

If yes, for how long? _____

2.) What is the diagnosis (es)/impairment/condition? (To the extent applicable, please describe using ICD 10 diagnostic codes and/or DSM V, if applicable.)

3.) Date of Diagnosis: _____

Documentation Guidelines for Deaf and Hard of Hearing

Please include recent audiology, ENT, speech pathology, or other pertinent medical documentation. **Current audiogram required.** This form will be used to supplement medical reports. Please type or print.

1.) List student's diagnoses and medical condition with ICD 10 diagnostic code.

2.) Date of initial diagnosis/date of onset: _____

3.) Is the patient currently under your care? Yes / No Date last seen: _____

4.) Medical History: (Check all that apply)

Bacterial Meningitis

Craniofacial anomalies (describe)

Other (specify) _____

5.) Hearing loss condition is (Circle all that apply): progressive / stabilized /
temporary / permanent / fluctuating / conductive / sensor neural / mixed / central
Other: _____

6.) Please list any functional limitations and impact regarding the patient's hearing loss
in an educational setting. Please elaborate.

7.) Can student hear within speech range unaided? If no, explain.

8.) Please list recommendations for academic adjustments such as sign language interpreter, CART, FM system, or
other recommendation(s) which are supported by medical documentation.

Certifying Licensed Practitioner:

Date

Practitioner's Title/Certification

Practitioner's Name (print)

Practitioner's Signature

Mailing Address

Phone/FAX

ADHD/Mental Health Autism Spectrum Disorder and Traumatic Brain Injury

Please type/print the information below per DSM-V using the DSM-V code (s) or the ICD 10 diagnostic code.

1. Please list student's diagnoses: _____

2.) Date of initial diagnosis: _____

3) Is the patient currently under your care? Yes / No **Date last seen:** _____

4.) Indicate below and explain how the diagnosis was verified or diagnosed by you and include the dates of the supporting information that was used.

Interview with the student _____

Interviews also with: _____

Behavioral observations: _____

Developmental History: _____

Medical History: _____

Educational History: _____

Psycho-educational testing – consisting of _____

Standardized or non-standardized rating scales used and dates _____

Other (please specify): _____

Please list current medication(s) and possible side effects.

Medication(s)	Dosage	Effect on academic functioning

*Please provide specific, current functional limitations and level of severity in an educational setting. **Circle the correct and/or answers. Check only those that apply and include severity.***

Behavioral Symptoms	Mild	Moderate	Severe
Sleep disturbance & type:			
Low/decreased motivation/ Decreased Interest			
Guilt/ Worthlessness			
Too much energy/ Loss of energy			
Self-harm/ Suicidal ideation or plan			
Repetitive behaviors (rituals)			
Binging/ Purging			
Lack of empathy/concern for self or others			
Others:			

Anxiety Symptoms	Mild	Moderate	Severe
Sweating/ Trembling/ Nausea			
Palpitations/ Choking/ Chest pain			
Anticipatory anxiety			
Restless/ Edgy/ Excessive Worry			
Experienced / Witnessed traumatic event			
Flashbacks/ Nightmares			
Agoraphobia/ Social Anxiety			
Fear of dying/ Crowds/ Embarrassment			
Others:			

Mood Related Symptoms	Mild	Moderate	Severe
Blunted/ Flat affect			
Persistent low mood			
Outbursts/ Tics			
Elevated/ Grandiose feelings			
Increased/ Decreased energy			
High risk behaviors			
Irritable/ Aggressive /Violent			
Others:			

Please provide specific, current functional limitations and level of severity in an educational setting. **Circle the correct and/or answers. Check only those that apply and include severity.**

Cognitive Symptoms	Mild	Moderate	Severe
Concentration			
Sustaining Focus/ Over focus			
Internal/ External distractions			
Disorganized thoughts/ Speech/ Behaviors			
Excessive talking/ thoughts			
Impulsivity			
Intrusive/ Excessive/ Persistent thoughts			
Hallucinations/ Delusions			
Others:			

Self-Image Related Symptoms	Mild	Moderate	Severe
Sensitivity to criticism			
Concern with appearance/certain body part			
Issues with abandonment/ Rejection			
Unstable Relationships			
Low self-esteem			
Others:			

Please attach any pertinent educational, psychological, or medical evaluations/ records you have completed on this student.

****The evaluator must be impartial and not related to the person being evaluated. ****

Certifying Licensed Practitioner:

Date: _____

Professional's Name (print)

Signature

Professional's Title (print)

License Number

Guidelines for LD

Dyslexia, dysgraphia, dyscalculia and a Specific Learning Disorder based on the DSM-V fall under the umbrella of a specific learning disability. The seven areas impacted by a learning disability include: oral expression, listening comprehension, written expression, basic reading skills, reading fluency skills, reading comprehension, mathematic calculations, and mathematic problem solving.

Criteria for a learning disability may be met in the following ways:

- 16 point discrepancy model (difference between Full Scale IQ and achievement)
- Cross Battery approach similar to Flanagan, Ortiz, Alfonso (2007)
- Cross Battery approach similar to Flanagan, Ortiz, Alfonso (2013)

***Regardless of which criteria are used, there must be evidence of current functional limitations in daily life activities related to learning/academic deficit. Normative deficits are defined as a standard score of 84 or below on an accepted battery (see below).*

Acceptable Measures:

Cognitive: assessment must include both verbal and nonverbal ability. All subscale/subtest scores should be listed. Administering only the Clinical Clusters using the Cross Battery approach is not acceptable. Abbreviated batteries and other screening instruments may not be used. A weakness or diagnosis may not be based on a single subtest score. Examples of acceptable tests include:

- Woodcock-Johnson, *Fourth Edition* (WJ IV Cog)
- Wechsler Adult Intelligence Test, *Fourth Edition* (WAIS-IV)
- Wechsler Intelligence Scale for Children-*Fifth Edition* (WISC-V)
- Stanford-Binet, *Fifth Edition* (SB-V)

Achievement: assessment must include current levels of performance in one of the suspected areas of disability outlined above. All subscale/subtest scores should be listed. Providing only Broad Cluster scores may not be acceptable. Abbreviated batteries/screening instruments may not be used. A weakness/diagnosis may not be made based on a single subtest. Examples of acceptable tests include:

- Woodcock Johnson Achievement, *Fourth Edition* (WJ IV Achiev)
- Wechsler Individual Achievement Test, *Fourth Edition* (WIAT-IV)
- Test of Written Language- *Fourth Edition* (TOWL-4)
- Kaufman Test of Education-*Third Edition* (KTEA-3)
- Woodcock Reading Mastery Tests, *Third Edition* (WRMT-III)

Report must include:

- Evaluation typed on letterhead with name, title, address, phone number of the evaluator. Verified personal signature of the evaluator.
- Date of the report and student date of birth.
- Reason for referral or assessment.
- Review factors influencing learning: cultural/socioeconomic, emotional/behavioral, vision/hearing, physical/medical, lack of educational opportunity.
- Name(s) of the assessment instruments and dates of administration. **
- Quantitative and qualitative information that supports the diagnosis.
- Substantial limitations of major life function.

****Please note that assessments must be current.** Since the provision of academic accommodations is based upon the impact of a disability on *current* academic performance, the psycho-educational assessment should have been conducted no longer than 3 - 5 years prior to the student's initial request for disability-related services at Collin College.

Certifying Licensed Practitioner:

Date

Practitioner's Title/Certification

Practitioner's Name (print)

Practitioner's Signature

Mailing Address

Phone/FAX

Physical/Orthopedic Guidelines

Please attach copy of evaluations/medical records which may help determine appropriate academic adjustments or accommodations. This form will be used to supplement medical reports. Please type or print.

1.) Please list student's diagnoses and medical condition with ICD 10 diagnostic code.

2.) Date of initial diagnosis: _____

3.) Is the patient currently under your care? Yes / No **Date last seen:** _____

4.) List of medication(s) and/or treatment student is receiving for this condition:

5.) Please list any possible medication-related functional effects on academic performance or in an educational setting. (By way of example only, poor concentration, confusion/thought disorder, psychomotor delay, fatigue, agitation, distractibility, etc.)

6.) Medical condition is: acute / permanent. If acute, anticipated date of full recovery? _____

8.) Medical condition is: stable / progressive

7. Please provide specific, current functional limitations and level of severity on academic performance or in an educational setting. **Circle the correct and/or answers. Check only those that apply and include severity.**

Major Life Activity	Mild	Moderate	Severe
Sitting			
Standing			
Walking			
Climbing			
Reaching			
Lifting			
Breathing			
Speaking			
Hearing			
Seeing			
Writing			
Typing			
Sleeping			
Memorizing			
Reading			
Caring for oneself			

Please list any additional functional limitations for this student in a post-secondary educational setting or on academic performance:

Please list recommendations for academic adjustments or accommodations based on the functional limitations you listed above:

*****Please indicate any medical response protocols or procedures that may be necessary in the event student has a medical episode in class. The College's current procedure is to call 911 for all emergencies. Collin College does not have designated medical personnel / office. If this is not advised, please explain recommended protocols or procedures for the student in the event of a medical emergency.*****

Certifying Licenced Practitioner:

Date

Practitioner's Title/Certification

Practitioner's Name (print)

Practitioner's Signature

Mailing Address

Phone/FAX