



Services for Students with Disabilities

Disability Verification		<i>To be completed by a certifying professional* (*medical doctor or other licensed certifying professional)</i>	
<i>A completed disability verification form is required to determine the eligibility for academic accommodations for the Peninsula College student named below.</i>			
Today's date	Peninsula College Student ID	Date of Birth (mm/dd/yyyy)	
Student's Last Name		First Name	Middle Initial
This section to be completed by a certifying professional			
<input type="checkbox"/> Yes <input type="checkbox"/> No Is the above named student currently under your care?			
Disability is:	<input type="checkbox"/> Observable	Disability is:	<input type="checkbox"/> Permanent/Chronic
	<input type="checkbox"/> Not Observable		<input type="checkbox"/> Temporary; expected duration:
Diagnosis and description of disability(ies):			
Prescribed treatments/medications:			
Side effects of medication which may affect academic functioning:			
DSM IV-R , ICD9 or succeeding equivalent, as appropriate:			
Axis 1			
Axis 2			
Axis 3			
Axis 4			
Axis 5			
If Learning Disability, Standard Scores for Aptitude and Achievement (include name of assessment tool):			
ICD9 Code(s):			
Limitation of Major Life Activities			



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Activity	Mild	Mod	Severe			
Breathing				Please check <u>all</u> that apply:		
Paying attention				Chronic pain		Easily fatigued
Interacting				Agoraphobia		Easily overwhelmed
Processing				Easily distracted/Limited Concentration		
Reading				Panic attacks/Anxiety		
Remembering				Other:		
Self care						
Standing/Walking						
Speaking						
Writing/Fine Motor Skills						
Hearing				db loss:	Left: _____	Right: _____
				Comments:		
Vision				Visual Acuity	Left: _____	Right: _____
				Field		
				Comments:		

Please sign below as the certifying professional						
<i>*If someone other than you determined the diagnosis, please include their information in the spaces provided</i>						
Printed Name of certifying professional				Services for Students with Disabilities 1502 E. Lauridsen Blvd., Port Angeles, WA 98362 Tel: (360) 417-6340 TDD: (360) 417-6339 Fax: (360) 417-6349 ssd@pencol.edu		
Title		License#				
Signature		Date				
Address						
City		ST	Zip			
Telephone (please include area code)		Fax (please include area code)				
*Diagnosis made by (if other than certifying professional, please print name & title):						
Address						
City		ST	Zip			
Telephone (please include area code)		Fax (please include area code)				