Print Form

CONFIDENTIAL

Copper Mountain College

DISABLED STUDENT PROGRAMS AND SERVICES

PO Box 1398, Joshua Tree, CA 92252 (760) 366-3791 x5861

DISABILITY VERIFICATION

The student named below may be eligible for accommodations at Copper Mountain College as required by State and Federal law. In order to provide services, we must have a verification of disability as defined on the reverse side of this sheet.

Last Name	First Name	MI	Date of Birth	SSN
Address	City	State	ZIP Code	Phone number

THE FOLLOWING SECTION MUST BE COMPLETED BY A LICENSED OR CERTIFIED PROFESSIONAL

Please provide the following information **in full** in order to assist us in determining reasonable educational accommodations:

Diagnosis of Disability(ies): _____

DSM IV Code and severity (if applicable): _____

Condition is:
- ☐ Stable
- ☐ Prone to exacerbation
- ☐ Other _____

Duration of disability:
- ☐ Permanent/Chronic
- ☐ Temporary - estimated duration of disability _____

Area(s) impacted: ☐ Vision ☐ Hearing ☐ Mobility ☐ Memory ☐ Concentration

Please describe how this condition substantially limits major life activities in the education setting: _____

_____

_____

Check the descriptions that best describe the student's academic limitations:

- ☐ Short term memory loss
- ☐ Degree of hearing loss
- ☐ Easily distracted
- ☐ Long term memory loss
- ☐ Difficulty focusing for extended periods of time
- ☐ Poor concentration
- ☐ Panics in unfamiliar surroundings and/or situations
- ☐ Limited visual acuity
- ☐ Difficulty overcoming unexpected obstacles
- ☐ Limited ambulation
- ☐ Difficulty formulating and executing plan of action
- ☐ Other: _____

If applicable, how do side effects of prescribed medications substantially limit major life activities in an educational setting?

_____

_____

A PHOTOCOPY OF THIS IS VALID AS THE ORIGINAL - Please fax completed form to: (760) 366-5257 Attn: DSPS

I understand that the information provided with this form will become part of the student record subject to the Federal Family Education Rights and Privacy Act of 1974 and may be released to the student upon their written request.

Certifying professional: _____

Print name Title Phone

Address: _____

Street City State ZIP

Signature: _____ Date _____

If the above information is completed by someone other than the professional who made the diagnosis, please provide the name and address of the person who made the diagnosis:

The Community College District uses the information requested on this form for the purpose of determining a student's eligibility to receive authorized special services provided by the Disabled Students Programs and Services (DSP&S) Program. Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure. Portions of this information may be shared with the Chancellor's Office of the California Community Colleges or other state or federal agencies; however, disclosure to these parties is made in strict accordance with applicable statutes regarding confidentiality, including the Family Educational Rights and Privacy Act (20 U.S.C. 1232(g)). Pursuant to Section 7 of the Federal Privacy Act (Public Law 93-579; 5 U.S.C. § 552a, note), providing your social security number is voluntary. The information on this form is being collected pursuant to California Education Code Sections 67310-67312, and 84850; and California Code of Regulations, Title 5, Section 56000 et seq.

Administrative Code, Title 5, identifies the following disabilities for funding purposes:

I Physical Disability means a visual, mobility, orthopedic, or other health impairment.

a) Visual impairment means total or partial loss of sight.
b) Mobility and orthopedic impairments mean a serious limitation in locomotion or motion function which indicate a need for special services or special classes.
c) Other health impairment means a serious dysfunction of a body part or system which necessitates the use of one or more supportive services or programs.

II Psychological Disability is defined as persistent psychological or psychiatric disorder, emotional or mental illness that adversely affects education performance. Psychological disability is a condition which:

a) Is listed in the most current American Psychiatric Association Diagnostic and Statistical Manual (DSM) and is coded on Axis I or II as moderate to severe;
b) For purposes of this subchapter, the following conditions are not psychological disabilities:
    1. Transvestitism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments, or other sexual behavior disorders;
    2. Compulsive gambling, kleptomania, or pyromania; and
    3. Psychoactive substance abuse disorders resulting from current illegal use of drugs.

III Communication Disability is an impairment in the processes of speech, language, or hearing.

a) Hearing impairment means a total or partial loss of hearing function which impedes the communication process essential to language, educational, social and/or cultural interactions.
b) Speech and language impairments mean one or more speech/language disorder of voice, articulation, rhythm and/or the receptive and expressive processes of language.

IV Learning Disability is a persistent condition of presumed neurological dysfunction which may exist with other disabling conditions. This dysfunction continues despite instruction in standard classroom situations. Learning-disabled students have:

a) Average to above-average intellectual ability
b) Severe processing deficit(s)
c) Severe aptitude-achievement discrepancy(ies)
d) Measured achievement in an instructional or employment setting

V Acquired Brain Injury means a verified deficit in brain functioning, which is not degenerative or progressive and is medically verifiable, resulting in a total or partial loss of cognitive, communicative, motor, psycho-social, or sensory perceptive abilities.

VI Developmentally Delayed Learner is a student who exhibits the following:

a) below average intellectual functioning
b) impaired social functioning
c) potential for measurable achievement in an instructional or employment setting; and
d) measured appropriate adaptive behavior in an instructional or employment setting

VII Multiple Disabilities are defined as two or more functional impairments as described above.

The Vocational Education Act identifies the following additional "disability" conditions for services to students enrolled in eligible vocational programs:

Seriously emotionally disturbed, including mental or psychological impairments or chemical dependency.