## ANNE ARUNDEL COMMUNITY COLLEGE

## DISABILITY VERIFICATION FORM TO BE COMPLETED BY THE PSYCHIATRIST/PSYCHOLOGIST/ DIAGNOSING PHYSICIAN OR OTHER LICENSED CLINICIAN

Eligibility requirements for support services for students with disabilities:

- 1. Student provides verification of diagnosis and severity.
- 2. Student is assessed as having a functional limitation in the educational setting.

To ensure the provision of reasonable and appropriate services for students with disabilities, students needing such services are required to provide current and comprehensive documentation of their disability. This documentation should include information which diagnoses the disability, describes the difficulties and functional limitations in an educational setting, indicates the severity and longevity of the condition, and offers recommendations for treatment. To facilitate the gathering of such critical information, we ask that you respond to the following questions:

## Please provide the following information:

Student's Name (Please print)		Date of Birth		AACC Student ID#		
Diagnosis:  (Include DSM code for all mental disabilities)						
1.	Level of severity (check one):	mild	moderate	severe		
2.	Date of diagnosis:					
3.	Describe the procedures used to assess/diagnose:					
	*Please attach diagnostic report (Learning dis	ability evaluation/psych	ological testing	information and results.*		
4.	Describe symptoms that meet the criteria	for this diagnosis w	ith an approxir	mate date of onset, if appropriate:		
5.	Describe this student's functional limitation	ons in an educationa	l setting:			

(	6.	What measures were used to assess current educational achievement?			
7	7.	Do you have any recommendations to make regarding effective academic accommodations to equalize the student's educational opportunities at the post-secondary level? (Describe services/accommodations in exam administration, classroom or study activities, or course requirements.)			
8	8.	Provide a medication history related to this disability			
9	9.	Could the medication interfere with student's ability to achieve academically?  Yes			
		No			
In addition to the diagnostic report, please attach other information relevant to this student's academic adjustment.					
!	Signatu	re:			
I	Print Name and Title:				
I	License/Certification Number:				
,	Address	::			
-	Telepho	one: Date:			
Please re	eturn th	is completed form to:			
		Anne Arundel Community College Disability Support Services/SUN 140 101 College Parkway, Arnold, MD 21012			

FAX: 410-777-4070 | dss@aacc.edu

Anne Arundel Community College prohibits all types of discrimination, harassment, sexual misconduct, and retaliation on the basis of race, including hair style and hair texture, color, religion or creed, ancestry or national origin, sex, age, marital status, physical or mental disability, sexual orientation, gender identity, veteran status, citizenship, and genetic information. To file a complaint of discrimination, harassment, sexual misconduct, or retaliation, please contact the chief compliance and fair practices officer/Title IX coordinator at 410-777-1239 or complianceofficer@aacc.edu (Compliance Officer) Students and members of the public who need a reasonable accommodation should contact Disability Support Services at DSS@aacc.edu or 410-777-1411. Employees and job applicants should contact Human Resources at humanresources@aacc.edu or 410-777-2425 regarding reasonable accommodations. Requests for most accommodations must be made at least seventy-two (72) hours prior to the event or activity; however, requests for sign language interpreters, live captioning, alternate format books, or assistive technology need to be submitted at least thirty (30) days prior to the event or activity.