



OUR GOAL IS YOUR SUCCESS.

COMMUNITY COLLEGE OF ALLEGHENY COUNTY

Disability Resources and Services

Email: DisabilityServices@ccac.edu

Phone: 412.237.4612

Fax: 412.237.2721

Verification of Disability

The CCAC Office of Disability Resources and Services provides services to students with diagnosed disabilities. To determine eligibility for service, this office requires current and comprehensive documentation of the disability from the diagnosing physician, psychiatrist, psychologist or other appropriate professional. All information remains confidential.

Name of Patient _____ Student ID# _____

I, _____ authorize the release of this information dated: _____

Please provide the following information:

1. Diagnosis, the date of diagnosis and last contact with the student.

2. Describe symptoms meeting the criteria for this diagnosis, level of current functioning and current treatment. Include the duration and severity of the disorder and expected progression or stability.

3. What functional limitations stem from the disability that may affect the student academically?

4. List current medication(s), dosage, frequency, and anticipated specific impact on the test taker.

5. Recommendations regarding accommodations (i.e., extra time for exams, controlling environment, exam space, notetakers or other classroom modifications, etc.). Include rationale for these.

For additional comments, please use the back of this page.

Signature: _____ Date: _____

Print or type name and title: _____

License number and area of specialization: _____

Address: _____ Phone: _____