**MONROE COUNTY COMMUNITY COLLEGE/VERIFICATION OF DISABILITY LAL/DISABILITY SERVICES** – 1555 SOUTH RAISINVILLE ROAD MONROE, MI 48161

**PLEASE GIVE THE COMPLETED FORM TO THE STUDENT, MAIL, OR FAX IT TO (734) 384-4192 WITH A COPY OF YOUR BUSINESS CARD. QUESTIONS?? CALL (734) 384-4167**

|  |  |
| --- | --- |
| **DISABILITY** | **DIAGNOSTICIAN** |
| ADD, Autism, Emotional,Psychological | Psychologist, Psychiatrist, Physician |
| Visual Impairment | Ophthalmologist |
| Hearing Disability | Audiologist |
| Learning/Cognitive Disability | Psychologist, Neuropsychologist, School Psychologist, Psychiatrist |
| Physical Disability | Physician, Neuropsychologist |
| Communication Disability | Speech Pathologist, Physician, Psychiatrist |

# Monroe County Community College requires that students seeking accommodations provide current documentation from a certified professional.

**Student Name**: **Date of Request**

1. DIAGNOSIS:

Date of diagnosis

DSM IV Code, (if applicable) ICD9 Code, (if applicable)

1. What testing procedures were used to access/diagnose?
2. Describe the symptoms that meet the criteria for diagnosis, with approximate date of onset;

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**PLEASE COMPLETE SECOND PAGE**

Signature: Date: Name and Title: Phone: Address:

* Business Card Enclosed

My document: Verification updated 4/1/2008

Please mark any characteristics that you assess as significant deficit areas. Return to MCCC Disability Services 1555 S. Raisinville Rd. Monroe Michigan 48161 or fax to 734.384.4192 (This is a confidential fax)

**ATTRIBUTE Check only those with a SUBSTANTIAL DEGREE OF IMPACT on College Work**

|  |  |  |
| --- | --- | --- |
| **PHYSICAL** | **Substantial Impact** | **Comments** |
| Mobility |  |  |
| Coordination |  |  |
| Fine motor skills |  |  |
| Stamina |  |  |
| Personal care |  |  |
| Speaking fluency |  |  |
| Vision |  |  |
| Hearing |  |  |
| Asthma/Allergy |  | To what? |
| Overall Health |  |  |
| Other, |  |  |

|  |  |  |
| --- | --- | --- |
| **COGNITIVE** | **Substantial Impact** | **Comments** |
| Focus/attention |  |  |
| Short term memory |  |  |
| Long term memory |  |  |
| Processing speed |  |  |
| Logical thinking |  |  |
| Grasps abstraction |  |  |
| Applying concepts |  |  |
| Problem solving |  |  |
| Sequencing |  |  |
| Assessing progress |  |  |
| Other, |  |  |

|  |  |  |
| --- | --- | --- |
| **EMOTIONAL/PSYCH.** | **Substantial Impact** | **Comments** |
| Emotional Stability |  |  |
| Managing Stress |  |  |
| Anxiety |  |  |
| Perception of self/others |  |  |
| Other, |  |  |

|  |  |  |
| --- | --- | --- |
| **SOCIAL/ COMMUNICATION** | **Substantial Impact** | **Comments** |
| Appropriate social behavior |  |  |
| Initiating contact |  |  |
| Maintains boundaries others |  |  |
| Appropriate verbal responses |  |  |
| Appropriate non- verbal responses |  |  |
| Response to Criticism |  |  |
| Adapting to change |  |  |
| Other, |  |  |