

VERIFICATION OF DISABILITY

MONROE COUNTY COMMUNITY COLLEGE
DISABILITY SERVICES / STUDENT SUCCESS CENTER
FOUNDERS HALL
1555 S. RAISINVILLE RD
MONROE, MI 48161
734-384-4167 / FAX: 734-687-6056

PLEASE GIVE THE COMPLETED FORM TO THE STUDENT, MAIL OR FAX TO THE NUMBER OR ADDRESS LISTED ABOVE WITH A COPY OF YOUR BUSINESS CARD. THANK YOU.

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 Code, (if applicable): _____

ICD Code, (if applicable): _____

2. What testing procedure was used to assess/diagnose?

3. Describe the symptoms that meet the criteria for diagnosis, with approximate date of onset.

Name and Title: _____ Phone: _____

Signature: _____ Date: _____

Address: _____

Business Card Enclosed

Please indicate any areas you assess to be substantially impacted. Return to MCCC Disability Services, 1555 S. Raisinville Rd, Monroe, MI 48161 or fax to: (734)687-6056 which 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		
PSYCHOLOGICAL	Substantial Impact	Comments
Life Management		
Managing Stress		
Anxiety		
Perception of Self/Others		
Other		
SOCIAL/COMMUNICATION	Substantial Impact	Comments
Appropriate Social Behavior		
Initiating Contact		
Maintains Boundaries		
Appropriate Verbal Responses		
Appropriate Non-Verbal Responses		
Response to Criticism		
Adapting to Change		
Other		