Verification and documentation of
Physical, Sensory and Health-Related Disabilities

______________________________________ is a student at Dutchess Community College who has requested disability-related services.

To ensure the provision of reasonable and appropriate accommodations for students with physical, sensory or health-related disabilities, The Office of Disability Services requires current and comprehensive documentation of such conditions. This documentation must be provided by a licensed health care professional who is qualified to make the diagnosis of the disability and who has had recent involvement with the student.

The documentation must explain the student’s functional limitations in the college environment which are attributable to the disability. In other words, we need to know the specific tasks which the student may encounter difficulty (e.g., note taking, reading, test-taking, course load, etc.). By providing this information, you will assist us in planning the accommodations and services that are most appropriate and necessary for the student’s success.

If the initial verification of the disability is incomplete or inadequate to determine the extent of the disability and/or the appropriate accommodations, our Office may request supplementary documentation. The cost of such assessment is the student’s responsibility.

(Please complete reverse side)
Please provide the requested information on the student in question. We request that you print clearly or type your response.

1. Student’s Name_____________________________________________

2. Diagnosis: _________________________________________________

3. Date of Diagnosis: __________________________________________

4. Date of last contact with student: _______________________________

5. Please describe the impact of this disability on the student’s functioning in the academic setting.
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

6. What services or academic accommodations will this student need to enhance their chances for academic success?
   __________________________________________________________
   __________________________________________________________
   __________________________________________________________

7. Please attach any other information that is relevant to this student’s disability and/or academic needs.

Signature:___________________________________ License #___________________
Print Name and Title: ___________________________________________________________________
(complete) Address:  ___________________________________________________________________

Phone (______) ______________________  Date ______________

Return form to: Dutchess Community College, Office of Disability Services
53 Pendell Road
Poughkeepsie, New York  12601
845-431-8037 Fax: 845-431-8604