



Disability Services

ROBERT DEPOE III, ROOM 121

P.O. Box 70

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406-275-4968

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DISABILITY VERIFICATION:

Per the American with Disabilities Act, SKC Disability Services requires documentation of a disability in order for a student to receive classroom accommodations for the disability. The student named below has identified you as a licensed professional who is familiar with them. Please assist us in providing appropriate educational services for this student by verifying their diagnosis. In addition, please tell us how the student's disability may cause limitations for which the student needs reasonable accommodations.

Authorization to Release Information to be completed by the student:

Name (Print): _____

Date of Birth: _____

SKC Student ID: _____

I Authorize the release of information requested below to Disability Support Services at Salish Kootenai College.

Student's Signature

Date

INFORMATION FORM:

1. What is the diagnosis that impacts the student’s physical or cognitive function?

2. What is the expected duration and how long has the student experienced this?

3. How does the student’s disability impact their ability in an academic setting?
What is their level of severity?

4. In your professional opinion, what accommodations does the student need to address the barrier in the classroom created by their disability?

5. If the student is prescribed medication, what are the potential side effects of the medication that could impact their ability in the classroom?

PROFESSIONAL SIGNATURE:

I certify the above referenced student, **“as a person who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment”** as defined by the American with Disabilities Act.

Please attach any other information relevant to the student’s current condition.

Printed name of Professional

Date

Signature of Professional

License or Certification