Disability Services

John Peter Paul Building, Rm 205
P.O. Box 70
Pablo, MT. 59855
406-275-4790

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