STUDENT ACCESS &
ACCOMMODATION SERVICES
Heartland Community College

Disability/Diagnosis Verification Form

The student named below may be eligible for reasonable accommodations at this college. In order to provide services, we must have documentation of a disability/diagnosis that impairs one or more major life functions. This form can be submitted to Student Access and Accommodation Services via fax at 309-268-7877, e-mail at accommodations@heartland.edu or mail at 1500 W. Raab Road, Normal, IL 61761.

TO BE COMPLETED BY THE STUDENT:

Student Name: _____ DOB: _____
Phone Number: (_____) _____ -_____ Email: _____

I hereby authorize the provider listed below to complete this form and provide information pertaining to my disability/diagnosis to Heartland Community College, Student Access and Accommodation Services Office.

Student Signature: _____ Date: _____

TO BE COMPLETED BY A LICENSED PROFESSIONAL:

Name of provider (print):_____ Phone Number: (_____) _____ -_____

This portion of the form is to be completed by a licensed professional qualified to make the diagnosis for which the student is seeking accommodations. It cannot be completed by a practicing family member of the student. Please provide the following information in full (please be specific**).** ***This form is not valid unless there is a disability/diagnostic statement given, a description of the disability/diagnosis is provided, functional limitations are listed, and it is signed and dated in the appropriate place*.**

Disability/Diagnostic Statement: _____

Description of the disability/diagnosis: _____

_____

_____

_____

Functional Limitations within an academic setting:

____ Expressing self in writing ____ Processing visual information ____ Performing math calculations
____ Reading comprehension ____ Processing auditory information ____ Memorizing information
____ Limited ambulation ____ Visual acuity ____ Concentrating
____ Using hands ____ Easily distracted ____ Organizational skills
____ Degree of hearing loss (_____) ____ Reading decoding

Other: _____

Services and accommodations that you would recommend for this student:

____ Extended time on tests ____ Note taker ____ Use of a computer
____ Audio text ____ Scribe ____ Test read
____ Separate testing area ____ Sign language interpreter

Other: _____

The above mentioned disability/diagnosis (ies) is/are:

____ Permanent/Chronic
____ Temporary: ___ less than 45 days ___ 45 plus days

I certify that all the information on this form is true and correct to the best of my knowledge.

Signature of Licensed Professional: _____ Date: _____
Title or License Type and Number: _____