

Disability Verification for Students

Wenatchee Valley College – Student Access Department

To be completed by Diagnosing Physician/Psychiatrist/Psychologist/ Neuropsychologist/School Psychologist/Mental Health Provider or other Professional Diagnostician:

_____ is a student at **Wenatchee Valley College** who is requesting academic accommodations/services through the Student Access Department. To ensure the provision of reasonable and appropriate services for students with a specific disability, Wenatchee Valley College requires current documentation of disability and requests information which: defines diagnoses, describes attention difficulties and functional limitations in an educational setting, indicates the severity and longevity of the condition, and offers recommendations for treatment. To facilitate the gathering of such information we ask that you respond to the following questions.

1. Diagnosis: _____
2. Level of severity: _____
3. Date of Diagnosis/Testing: _____
 - a. Date of last contact with student: _____
4. Required Documentation: What procedures were used to assess/diagnose disability? (please attach diagnostic report/assessment)

5. Describe this student's functional limitations in an educational setting from your medical perspective.

6. Is the student taking medication? (please list medication, dosages, and date initially prescribed and possible side effects of medication that may adversely affect the student's academic performance). Is the student compliant with medication as part of the treatment plan? If no medications, please skip #7.

7. Will this student continue to need services or accommodations when utilizing recommended medication, and describe possible accommodations that could facilitate the student's academic performance?

8. Will this student need accommodations to be successful in an educational setting from your perspective? If yes, please describe appropriate accommodations or attach additional documents.

9. In addition to the diagnostic report/assessment, please attach any other information you feel relevant in assisting in providing accommodations for this student.

Signature: _____

Print Name and Title: _____

License Number and/or Credentials: _____

Address: _____

Phone _____ Date: _____

Thank you for taking time to fill out this questionnaire. It will assist to better accommodate this student.

Please return this information to:

Wenatchee Valley College
Student Access Department
1300 5th Street
Wenatchee, WA 98801
Phone: (509) 682-6854
FAX: (509) 682-6841

Wenatchee Valley College
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