

Date: _____

The student named below may be eligible for services at RIVERSIDE CITY COLLEGE. In order to provide services we must have verification of disability as defined on the reverse side of this sheet.

Please send completed form to: Disability Resource Center
Riverside City College
4800 Magnolia Avenue, Riverside, Ca. 92506
951-222-8060
FAX: 951-222-8059

Name: _____ Social Security #: _____
Last First M
Address: _____ Phone #: _____
Street
City State Zip Date of Birth: _____

Please provide the following information in full in order to help determine reasonable educational accommodations to support this student.

1. **PRIMARY DIAGNOSIS:** _____ ICD 10 Code: _____ DSM V Code: _____

- Which of the following conditions substantially limits major life activities?
 Vision Hearing Mobility Memory Concentration Other _____
Please describe: _____
- If applicable, how do side effects of prescribed medications substantially limit major life activities:

- Condition is: Stable Prone to exacerbations
- Duration of Disability: Permanent/Chronic Temporary – (Give estimated date of recovery): _____

2. **SECONDARY DIAGNOSIS:** _____ ICD 10 Code: _____ DSM V Code: _____

- Which of the following conditions substantially limits major life activities?
 Vision Hearing Mobility Memory Concentration Other _____
Please describe: _____
- If applicable, how do side effects of prescribed medications substantially limit major life activities:

- Condition is: Stable Prone to exacerbations
- Duration of Disability: Permanent/Chronic Temporary – (Give estimated date of recovery): _____

I understand that the information provided with this form will become part of the student record subject to the Federal Family Education Rights and Privacy Act of 1974 and may be released to the student upon their written request.

Signature: _____ Title: _____ Date: _____
(Certifying Professional)

Name (please print): _____ Phone #: _____

Address: _____
Street City State Zip

If the above information is completed by someone other than the professional who made the diagnosis, please provide the name and address of the person who made the diagnosis:

Confidential Disability Verification

If the above information is completed by someone other than the professional who made the diagnosis, please provide the name and address of the person who made the diagnosis:

A PHOTO COPY OF THIS IS AS VALID AS THE ORIGINAL

ADMINISTRATIVE CODE, TITLE 5 IDENTIFIES THE FOLLOWING DISABILITIES FOR FUNDING PURPOSES:

- I. Physical Disability means a visual, mobility, orthopedic or other health impairment.
 - a) Visual impairment means total or partial loss of sight
 - b) Mobility and orthopedic impairment means a serious limitation in locomotion or motion functions.
 - c) Other health impairment means a serious dysfunction of a body part of system which necessitates the use of one or more of the supportive services or programs.
- II. Communication Disability is impairment in the process of speech, language or hearing.
 - a) Hearing impairment means a total or partial loss of hearing function which impedes the communication process essential to language, educational, social and/or cultural interaction.
 - b) Speech and language impairment means one or more speech-language disorder of voice, articulation, rhythm, and/or the receptive and expressive processes of language.
- III. Learning Disability is a persistent condition of neurological dysfunction which may exist with other disabling conditions. This dysfunction continues despite instruction in standard classroom situations. Learning disabled adults, a heterogeneous group, have:
 - a) Average to above average intellectual ability;
 - b) Severe processing deficit(s)
 - c) Severe aptitude-achievement discrepancy (ies);
 - d) Measured appropriate adaptive behavior in school or job setting; and
 - e) Measured appropriate adaptive behavior in an instruction or employment setting.
- IV. Acquired Brain Injury means a deficit in brain functioning which is non-degenerative or progressive and is medically verifiable in a total or partial loss of one or more of the following: cognitive, communication, motor, psycho-social or sensory perceptual abilities.
- V. Psychological Disability is a psychiatric or psychological condition diagnosed by a Psychiatrist, Ph.D. Psychologist, or MFT which limits a major life activity and poses a functional limitation within the educational setting requiring accommodation.
- VI. Developmentally Delayed Learner is a student who exhibits:
 - a) Below average intellectual functioning
 - b) Impaired social functioning
 - c) Potential or measurable achievement in a school or job setting
- VII. Multiple Disabilities are defined as two or more functional impairments as described above.

The Vocational Educational Act identifies the following additional "disability" conditions for services to students enrolled in eligible vocational programs.

- a) Seriously emotionally disturbed
- b) Mental or psychological impairments
- c) Chemical dependency