

Program: _____
Site: _____
Academic Year: _____

- ☐ B: Acquired Brain Injury
- ☐ D: Dev. Delayed Learner
- ☐ H: Hearing Impaired
- ☐ L: Learning Disabled
- ☐ M: Mobility Impaired
- ☐ O: Other Disability
- ☐ P: Psychological Disability
- ☐ S: Speech Impairment
- ☐ V: Visually Impaired
- ☐ NC: Non-Claimable



FOOTHILL COLLEGE

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Los Altos Hills, CA 94022
www.foothill.edu/al

DISABILITY RESOURCE CENTER (DRC)
Phone: (650) 949-7017
Fax: (650) 559-3670

MEDICAL VERIFICATION FORM

Student Name: _____ Date of Birth: _____
First Last

SID#: _____ Medical Record #: _____

In order to receive disability-related services at Foothill College, verification of disability must be provided.

THIS SECTION MUST BE COMPLETED BY A LICENSED OR CERTIFIED PROFESSIONAL

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

DIAGNOSIS: _____

DSM IV Code and severity, if applicable: _____

Please describe how this condition substantially limits major life activities:

- | | | | | | |
|------------------------------------|--|----------------------------------|-----------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Breathing | <input type="checkbox"/> Caring for Self | <input type="checkbox"/> Hearing | <input type="checkbox"/> Learning | <input type="checkbox"/> Moving | <input type="checkbox"/> Performing Manual Tasks |
| <input type="checkbox"/> Seeing | <input type="checkbox"/> Speaking | <input type="checkbox"/> Walking | <input type="checkbox"/> Working | <input type="checkbox"/> Other _____ | |

Functional Limitations:

- | | | | |
|--|--|----------------------------------|---|
| <input type="checkbox"/> Concentration | <input type="checkbox"/> Forming/Executing Plans | <input type="checkbox"/> Memory | <input type="checkbox"/> Overcoming Obstacles |
| <input type="checkbox"/> Processing Instructions | <input type="checkbox"/> Social Interaction | <input type="checkbox"/> Stamina | <input type="checkbox"/> Other _____ |

Condition is: ☐ Stable ☐ Prone to exacerbation
Duration of disability: ☐ Permanent/chronic ☐ Temporary (date of reevaluation or estimated duration of disability) _____

Comments: _____

Verifying Professional's Signature: _____ Date: _____

Printed Name: _____ Phone #: () _____

Address: _____

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

Name: _____ Address: _____

This section must be completed by the DRC Staff

I hereby certify this student is eligible for DRC services based on:

- ☐ Observation by DRC staff with review by Disability Access and Compliance Supervisor
- ☐ Assessment by appropriate DRC staff
- ☐ Review of documentation provided by appropriate agencies or certified or licensed professional of DRC

DISABILITY DEFINITIONS: By state of California Administration Code, Title 5, Section 56044 identifies the following disabilities for the purposes of funding:

- 1.) Physical Disability means a visual, mobility or orthopedic impairment.
- 2.) Visual impairment means total or partial loss of sight. (Legal Blindness = In best eye, with best correction 20/200 or Partial Sight = 20/70)
- 3.) Mobility or orthopedic impairment means a serious limitation in locomotion or motor function.
- 4.) Communication Disability is defined as impairment in the processes 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 interactions. (Deaf = loss great enough that hearing is no longer mode for communication and condition requires use of communication mode other than oral, including sign language, TTY etc. Mild-moderate = average unaided loss in better ear 35-54db.; aided, 20-54db.; severe = average loss in better ear, 55 db or greater or speech discrimination less than 50% or documentation of rapid loss.)
 - b. Speech and language impairments mean one or more speech/language disorders of voice, articulation, rhythm and /or the receptive and expressive language processes, not caused by acquired brain injury, physical, psychological or hearing impairment.
- 5.) Learning Disabilities will be verified by Foothill College Learning Disability Specialist
- 6.) Acquired Brain Impairment means a verified deficit in brain functioning caused by external or internal trauma, which results in a total or partial loss of cognitive, communicative, motor, psychosocial and/or sensory-perceptual abilities. Not applicable to conditions induced or present at birth, or progressive and/or degenerative in nature.
- 7.) Developmentally Delayed Learner must submit test results or Regional Center certification. A DDL student is one who exhibits the following:
 - a. Below average intellectual functioning; and
 - b. Potential for measurable achievement in the instructional setting.
- 8.) Psychological Disability means a persistent psychological or psychiatric disorder, or emotional or mental illness, listed as moderate or severe on Axis I or II in the DSM and interferes with a major life function and poses an educational limitation. ... *The following conditions are not qualified: DSM V Codes or transvestitism, transsexualism, pedophilia, exhibitionism, voyeurism, gender identity disorders not resulting from physical impairments, or other sexual behavior disorders compulsive gambling, kleptomania, or pyromania and psychoactive substance abuse disorders resulting from current illegal use, or a developmental disorder (see DDL).*
- 9.) Other Disabilities includes students with disabilities that do not fall into any of the categories described but whose conditions limit a major life activity, present an educational limitation and require support services or instruction. (Example, heart conditions, tuberculosis, AIDS, diabetes).

SIGNATURE REQUIREMENTS: Licensed Certified Professionals must be legally qualified to diagnose the disability in question. For physical, mobility, vision, and other medical disabilities: M.D, O.D. For hearing disabilities: Audiologist submits recent audiogram. For disabilities related to the back: M.D. or D.C. For speech impairments: licensed speech professional. For psychological disabilities and ADHD: Psychiatrist, PhD. Psychologist, LMFT or LCSW (indicate license #). For DDL: submission of test results or regional center certification required.

For further information on qualifying disabilities and/or signature and documentation requirements, call Adaptive Learning Division at (650) 949-7017.

The Community College District uses the information requested on this form for the purpose of determining a student's eligibility to receive authorized special services provided by the Disabled Students Programs and Services. Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure. Portions may be shared with the Chancellor's Office of the California Community Colleges or other state or federal agencies, in such a manner as to comply with applicable statutes regarding confidentiality, including the Family Educational Rights & Privacy Act (20 U.S.C. 1232(g)). Pursuant to Section 7 of the Federal Privacy Act (P.L. 93-578, 5 U.S.C. 552a, note), providing your social security number is voluntary. The information is being collected pursuant to California Education Code section 67310+67312, and 84850; and California Code of Regs. Title 5, Section 56000 et seq.