Disability Support Services
Learning Resource Center 147B
777 Grandview Drive
Kalispell, MT 59901
Phone: 406-756-3376
Email: DisabilitySupport@fvcc.edu

Disability Verification Form

To be completed by a licensed/certified professional.

Please include a psychological evaluation or psycho-educational evaluation for LD & ADHD if available. The report should include the following:

- Assessment/evaluation procedures along with scores of all tests administered.
- Relevant background information (i.e., history of disability)

1. **Name of Patient**_____
2. **Diagnosis and date of diagnosis** _____
3. **Date of last office visit** _____
4. **Is the condition Permanent?** ☐ **Temporary? Expected duration:**
5. **Is the condition** **Stable** ☐ **Progressive** ☐ **Episodic** ☐
   Mild ☐ **Moderate** ☐ **Severe** ☐
6. **Description of the current impact and functional limitations caused by the student's disability:**

☐ No functional limitations identified at this time.

Any other relevant information, including psychosocial or environmental stressors? Medication side effects?

5. Please indicate your recommendations for accommodations within the post-secondary environment, as supported by the reported functional limitations and their impact on this student.

Accommodation:

Rational:

Accommodation:

Rational:

Accommodation:

Rational:

I certify that the above referenced client/patient has a physical or mental impairment that substantially limits one or more major life activities of such individual as defined by the Americans with Disabilities Act.

In addition, I have the necessary professional qualifications to document my client/patient's disability, and the information provided on this form is accurate to the best of my knowledge

_____

Name of professional please print

_____ _____

Signature of professional Date

Professional Credential_ _____ _____

License/Certification #

_____ _____ _____ _____

Street Address City State Zip

Please return this form as soon as possible so this student may receive accommodations.