



ILLINOIS COMMUNITY COLLEGE Center for Accessibility and Neurodiversity

Verification of a Physical or Medical Disability

Illinois Valley Community College (IVCC) is required by Section 504 of the Rehabilitation Act and the Americans with Disabilities Amendments Act of 2008 (PL 110-325) to provide effective auxiliary aids and services for qualified students with documented disabilities if such accommodations are needed to provide equitable access to the IVCC's programs and services. Federal law defines a disability as "a physical or mental impairment that substantially limits one or more major life activities." Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. It is important to note that a cognitive, physical, or psychological disorder in and of itself does not necessarily constitute a disability. The degree of impairment must be significant enough to "substantially limit" one or more major life activities.

A patient/client of yours has requested disability related services from the Center for Accessibility and Neurodiversity at Illinois Valley Community College. Legal protection and eligibility for such services is based on an individual providing sufficient information to conclude that he/she has an impairment that substantially limits one or more major life activities. As this student's treating specialist, you are asked to provide the following information to allow the IVCC Center for Accessibility and Neurodiversity to consider the student's request for accommodations.

The Center for Accessibility and Neurodiversity (CAN) strives to insure that qualified students with physical/medical disabilities are accommodated; however, the Center can not modify requirements that are essential to the program of instruction.

No accommodations will be provided until this form is completed in full and submitted to the IVCC Center for Accessibility and Neurodiversity for review.

Please have your health care professional provide the following information. **This form must be completed in full or it will be returned to you.**

Student Information (This section to be completed by the student.)

Last Name: _____ First: _____ Middle Initial: _____
Student ID #: _____ Date of Birth: _____ Phone: _____ (C) (H)
Address: _____
City: _____ State: _____ Zip Code: _____ E-Mail: _____

Note to Health Professional – You may attach additional documentation or paper as needed.

1. DIAGNOSTIC STATEMENT IDENTIFYING THE CONDITION

Please include a clear diagnostic statement that identifies the type of condition, describes how the condition was diagnosed, provides information on the functional impact, and details the typical progression or prognosis of the condition.

2. DESCRIPTION OF THE DIAGNOSTIC METHODOLOGY USED

Please provide a description of the diagnostic criteria, evaluation methods, procedures, tests and dates of administration, as well as a clinical narrative, observation, and specific results.

3. DESCRIPTION OF THE CURRENT FUNCTIONAL LIMITATIONS

Please include information on how the condition currently impacts the individual. A combination of the results of formal evaluation procedures, clinical narrative, and the individual's self report is the most comprehensive approach to fully documenting impact. The best quality documentation is thorough enough to demonstrate whether and how a major life activity is substantially limited by providing a clear sense of the severity, frequency and pervasiveness of the condition.

4. DESCRIPTION OF THE EXPECTED PROGRESSION OR STABILITY OF THE CONDITION

Please provide information on expected changes in the functional impact of the condition over time and context. Information on the cyclical or episodic nature of the condition and known or suspected environmental triggers to episodes provides opportunities to anticipate and plan for varying functional impacts. If the condition is not stable, information on interventions (including the individual's own strategies) for exacerbations and recommended timelines for re-evaluation are most helpful.

5. DESCRIPTION OF CURRENT & PAST ACCOMMODATIONS, SERVICES, AND/OR MEDICATIONS

Please include a description of current medications, auxiliary aids, assistive devices, support services and accommodations, including their effectiveness in ameliorate functional impacts of the condition.

6. RECOMMENDATIONS FOR ACCOMMODATIONS, ADAPTIVE DEVICES, ASSISTIVE SERVICES, COMPENSATORY STRATEGIES, AND/OR COLLATERAL SUPPORT SERVICES

It is most helpful when recommended accommodations and strategies are logically related to functional limitations.

7. Please check the level of limitation/impact for the following major life activities. Circle 1 if there is substantial impact, circle 2 if the impact is mild, circle 3 if there are no limitations.

Caring for oneself	1	2	3
Talking	1	2	3
Hearing	1	2	3
Breathing	1	2	3
Seeing	1	2	3
Walking/Standing	1	2	3

Lifting/Carrying	1	2	3
Sitting	1	2	3
Performing Manual Tasks	1	2	3
Eating	1	2	3
Working	1	2	3
Interacting with Others	1	2	3
Sleeping	1	2	3
Gross Motor Skills	1	2	3
Fine Motor Skills	1	2	3

1. Please check the level of limitation/impact for the following academic learning activities. Circle 1 if there is substantial impact, circle 2 if the impact is mild, circle 3 if there are no limitations.

Reading	1	2	3
Writing/Spelling	1	2	3
Calculating	1	2	3
Memorizing	1	2	3
Concentrating	1	2	3
Walking/Standing	1	2	3
Listening	1	2	3
Timely submission of assignments	1	2	3
Attending class regularly	1	2	3

Being on time for class	1	2	3
Organization	1	2	3

To be completed and signed only by certified licensed professional:

Name:

Credentials:

Address:

City: State: Zip Code:

State of Licensure: License/Certification number:

Date of initial contact with student: Date of last contact with student:

Signature of Certified Licensed Professional

Date

If you have any questions regarding the nature of the information needed for students with psychiatric impairments, please call the IVCC Center for Accessibility and Neurodiversity:

Tina Hardy at 815-224-0284 or email tina_hardy@ivcc.edu (Note: underscore after tina)

This form should be returned to: Illinois Valley Community College, Center for Accessibility and Neurodiversity

ATTN: Tina Hardy
815 N. Orlando Smith Avenue
Oglesby, Illinois 61348-9692

OR faxed to 815-224-0295 ATTN: Tina Hardy