



## Walla Walla Community College *Disability Support Services: Disability Verification Form*

Name of Patient/Student: \_\_\_\_\_ Date: \_\_\_\_\_

### **The following information to be completed by: Qualified Professional**

**1. Credentials & Signature of the evaluator:** (Name and title of the person submitting the documentation. Supplemental statements or documentation should be on letterhead or in the form of an official report. The professional submitting the documentation must be qualified to comment on the student's disability.)

Printed Name of Qualified Professional: _____
Phone Number: _____ Email: _____
Credentials: _____
Signature of Qualified Professional: _____

**2. Diagnostic statement identifying the disability and description of diagnostic methodology:** (A clear diagnostic statement and description of how the condition was diagnosed; include copies of diagnostic tool or assessment report.)

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**3. Description of the current functional limitations:** (This information is important to establish need of accommodation. *Does the condition interfere with the student's ability to perform in an academic setting? If so, how?* Is the disabling condition permanent or temporary? If temporary, is there a date by which the condition will be resolved?) **This statement is of the utmost importance.**

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**4. Description of current and past accommodations, services and/or medications:** list, if any.

**5. Recommendations for accommodations, adaptive devices, assistive services, compensatory strategies, and/or collateral support services:** (This may be a specific statement [ie. Patient would benefit from extended time for testing, in a quiet location] or it may be a very general statement about the student's need for accommodation [e.g. Patient would benefit from consultation with Disability Support specialist to determine appropriate accommodations].)

**Submit documentation to:**

<b>Walla Walla</b>	<b>Clarkston</b>
<p><b><i>Kristen Duede, LICSW</i></b> Disability Support Services Coordinator Walla Walla Community College 500 Tausick Way Walla Walla, WA 99362-9267</p> <p>Office: 509.527.4543 kristen.duede@wwcc.edu</p>	<p><b><i>Heather Markwalter</i></b> Student Affairs Coordinator/Retention Specialist/Disability Support 1470 Bridge St Clarkston, WA 99403</p> <p>Office: 509.758.1721 heather.markwalter@wwcc.edu</p>