

MEDICAL VERIFICATION
 Disability Resource Center
 Laney College
 900 Fallon Street, Room E-251
 Oakland, CA 94607
 Phone: (510) 464-3428, Fax: (510) 986-6913

Date: _____

The following student may be eligible for special services at Laney College. In order to provide services, we must have on file a verification of disability, as defined on the reverse side of this sheet. A release of information signed by the student is attached.

Student Name:				
	Last	First	M.I.	
Address:				
	Street	Apt. No.	City	State
SSN/Student ID No: _____		Birth Date: _____		
	/	/	Month	Day
		Year		
Telephone No.: (____) _____ - _____		Medical Record No.: _____		

**** 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 and/or adjustments to help support this student:

Diagnosis: _____ Date of Diagnosis: _____

Current DSM Code and Severity (if applicable): _____

Does this condition interfere with any of the following major life activities?

caring of self
 performing manual tasks
 walking
 seeing
 hearing
 breathing
 learning
 working
 talking
 problem solving
 other: _____

Please explain: _____

Please describe functional limitations: _____

1. Condition is: Stable Prone to Exacerbation
2. Duration of Disability: Permanent/Chronic
 Temporary (Estimated duration of disability): _____

Please attach and return any additional supporting educational, medical and/or psychological documentation to the college, unless otherwise specified by the student.

I understand that the information provided will become part of the student's educational record, and may be released to the student upon written request.

X _____

Verifying Professional* Signature and Credentials

Date

_____	_____
Print Name	Address

*Persons qualified to sign this form include: Physician/doctor (M.D./D.O.), Psychiatrist (M.D.), Psychologist (Ph.D.), School Psychologist (M.S./Ph.D.), Optometrist, Licensed Speech Therapist, License Therapist (MFT), Social Worker (LCSW)

DEFINITION OF DISABILITY UNDER THE AMERICANS WITH DISABILITIES ACT

Under the Americans with Disabilities Act, a person with a disability is someone who has:

- 1. A physical or mental impairment that substantially limits one or more of the major life activities;
or
- 2. A record of such impairment; or
- 3. Is regarded as having such impairment.

The U.S. Department of Justice Regulations, as well as legislative history, note that “impairment means any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: neurological; musculoskeletal; special sense organs: including speech organs, respiratory, cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin, and endocrine.” Impairment also means “any mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities.” “Disability includes but is not limited to such conditions, diseases, and... infections as orthopedic, visual, speech and hearing impairments, cerebral palsy, epilepsy,” etc.

Section 56002. Student with a Disability

A “student with a disability” or disabled student is a person enrolled at a community college who has a verified impairment which limits one or more major life activities, as defined in 28 C.F.R. 35.104, and which imposes an educational limitation as defined in Section 56004.

Section 55004. Educational Limitation

As used in this subchapter, “educational limitation” means disability related functional limitation in the educational setting. This occurs when the limitation prevents the student from fully benefiting from classes, activities, or services offered by the college to non-disabled students, without specific additional support services or instruction as defined in Section 56005.