

**MONROE COUNTY COMMUNITY COLLEGE/VERIFICATION OF DISABILITY
LAL/DISABILITY SERVICES – 1555 SOUTH RAISINVILLE ROAD MONROE, MI 48161**

**PLEASE GIVE THE COMPLETED FORM TO THE STUDENT, MAIL, OR FAX IT TO (734) 384-4192
WITH A COPY OF YOUR BUSINESS CARD. QUESTIONS?? CALL (734) 384-4167**

DISABILITY	DIAGNOSTICIAN
ADD, Autism, Emotional, Psychological	Psychologist, Psychiatrist, Physician
Visual Impairment	Ophthalmologist
Hearing Disability	Audiologist
Learning/Cognitive Disability	Psychologist, Neuropsychologist, School Psychologist, Psychiatrist
Physical Disability	Physician, Neuropsychologist
Communication Disability	Speech Pathologist, Physician, Psychiatrist

Monroe County Community College requires that students seeking accommodations provide current documentation from a certified professional.

Student Name: _____ **Date of Request** _____

1. **DIAGNOSIS:** _____

Date of diagnosis _____
 DSM IV Code, (if applicable) _____
 ICD9 Code, (if applicable) _____

2. What testing procedures were used to access/diagnose?

3. Describe the symptoms that meet the criteria for diagnosis, with approximate date of onset;

PLEASE COMPLETE SECOND PAGE

Signature: _____ Date: _____

Name and Title: _____ Phone: _____

Address: _____

Business Card Enclosed

Please mark any characteristics that you assess as significant deficit areas. Return to MCCC Disability Services
 1555 S. Raisinville Rd. Monroe Michigan 48161 or fax to 734.384.4192 (This is a confidential fax)

ATTRIBUTE **Check only those with a SUBSTANTIAL DEGREE OF IMPACT on College Work**

PHYSICAL	Substantial Impact	Comments
Mobility		
Coordination		
Fine motor skills		
Stamina		
Personal care		
Speaking fluency		
Vision		
Hearing		
Asthma/Allergy		To what?
Overall Health		
Other,		

COGNITIVE	Substantial Impact	Comments
Focus/attention		
Short term memory		
Long term memory		
Processing speed		
Logical thinking		
Grasps abstraction		
Applying concepts		
Problem solving		
Sequencing		
Assessing progress		
Other,		

EMOTIONAL/PSYCH.	Substantial Impact	Comments
Emotional Stability		
Managing Stress		
Anxiety		
Perception of self/others		
Other,		

SOCIAL/ COMMUNICATION	Substantial Impact	Comments
Appropriate social behavior		
Initiating contact		
Maintains boundaries others		
Appropriate verbal responses		
Appropriate non-verbal responses		
Response to Criticism		
Adapting to change		
Other,		

