MONTGOMERY COLLEGE

# Disability Support Services

# VERIFICATION OF MEDICAL DISABILITY

The Office of Disability Support Services (DSS) provides academic services and accommodations for students with diagnosed disabilities. The documentation provided regarding the disability diagnosis must demonstrate a disability covered under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990. The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities. In addition, in order for a student to be considered eligible to receive academic accommodations, the documentation must show functional limitations that impact the individual in the academic setting.

DSS requires current and comprehensive documentation in order to determine appropriate services and accommodations. The outline below has been developed to assist the student in working with the treating or diagnosing healthcare professional(s) in obtaining the specific information necessary to evaluate eligibility for academic accommodations.

A. **The healthcare professional(s) conducting the assessment and/or making the diagnosis must be qualified to do so.** These persons are generally trained, certified, or licensed members of an appropriate medical specialty.

B. **All parts of the form must be completed as thoroughly as possible.** Inadequate information, incomplete answers, and/or illegible handwriting will delay the eligibility review process by necessitating follow up contact for clarification. (See C. for exception.)

C. **The healthcare provider should attach any reports which provide additional related information (e.g. psycho-educational testing, neuropsychological test results, etc.).** If a comprehensive diagnostic report is available that provides the requested information, copies of that report can be submitted for documentation instead of this form. Otherwise, this form must be completed in order for students to receive services through DSS at Montgomery College. *Please do not provide case notes or rating scales without a narrative that explains the results.*

D. **The healthcare provider after completing this form, or attaching appropriate documentation, as per C above, must sign it, complete the Healthcare Provider Information section on the last page and mail or fax it to the address provided in our letterhead**. The information you provide will not become part of the student's educational records, but it will be kept in the student's file at DSS, where it will be held strictly confidential. This form may be released to the student at his/her/their request. In addition to the requested information, please attach any other information you think would be relevant to the student's academic adjustment.

If you have questions regarding this form, please contact DSS. Thank you for your assistance.

* **Documentation must be current (appropriate given the nature/stability of the diagnosis)**
* **This form is not acceptable documentation for Attention Deficit Disorders (ADD/ADHD), Learning Disabilities (LD), or Psychological disabilities.**

## Student's Information

Student's Name: _____ Student's Phone Number: _____

Student's Date of Birth: _____ Student's Email: _____

## Medical Information

Specific Diagnosis: _____

Initial Date of Treatment: _____

Date of Last Visit: _____

Date of Next Visit: _____

Expected Duration of the Condition/Disability

☐ Permanent

☐ Temporary – Expected Date of Recovery: _____

**Note: should the student's condition change (for better or worse), the student must provide updated documentation so his/her/their accommodations can be adjusted accordingly.**

## Major Life Activities Assessment

Please check which of the following Major life activities listed below are affected because of the psychological diagnosis. Indicate the severity of the limitations.

☐ Concentrating <select impact>
☐ Memory <select impact>
☐ Standing <select impact>
☐ Reaching <select impact>
☐ Walking <select impact>
☐ Critical thinking <select impact>
☐ Writing <select impact>
☐ Fine motor skills <select impact>
☐ Sitting <select impact>
☐ Attending class regularly <select impact>
☐ Climbing <select impact>
☐ Bending <select impact>
☐ Organization/executive functioning <select impact>
☐ Following directions <select impact>
☐ Putting thoughts into words <select impact>
☐ Carrying objects <select impact>

## Additional Questions

Please indicate recommended academic accommodations based on medical necessity (e.g. note takers, extended time for tests, large print, etc.).

_____

Does the student take any medications? If so, please list the quantity and frequency?

_____

What potential side effects are associated with the medication(s) listed above?

_____

## Healthcare Provider Information

Provider Signature: _____

License or Certification #: _____

Provider Name: _____

Provider Address: _____

Date of signature: _____

Provider Phone Number: _____

Title: _____

Provider Fax Number: _____

*** Adapted from University of Maryland Medical Disability Form ***

Email this completed form to: dss@montgomerycollege.edu

Fax this completed form to: 240-567-5097

Mail this completed form to: Office of Disability Support Services SV 305, 51 Mannakee St., Rockville, MD 20850