



# SADDLEBACK COLLEGE

28000 Marguerite Mission Viejo, CA 92692

949.582.4885 [www.saddleback.edu](http://www.saddleback.edu)

## Disabled Student Programs & Services (DSPS) Verification of Disability Form

If appropriate to your disability, please have your physician or appropriately licensed professional complete this form and return to DSPS via email [scdspd@saddleback.edu](mailto:scdspd@saddleback.edu) or Fax (949)347-1526.

Student Name: \_\_\_\_\_  
Last First Middle  
Date of Birth: \_\_\_\_\_ Student ID Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

Name of Physician/Specialist authorized to complete this form: \_\_\_\_\_

**I authorize the above physician or specialist to release information regarding my medical or health condition and/or educational development to Saddleback College DSPS**

\_\_\_\_\_  
**Signature of Student**

\_\_\_\_\_  
**Date**

### To be completed by Licensed Health-Care Professional:

To assist Saddleback College DSPS in determining reasonable educational accommodations to the student above, please complete the information below:

**Diagnosis:** \_\_\_\_\_ **DSM5 or ICD-10 Code:** \_\_\_\_\_

ADHD Permanent Temporary - Date expected recovery: \_\_\_\_\_

Autism

Intellectual Disability (ID)

Acquired Brain Injury (ABI)

Learning Disability -Provide appropriate assessment scores

Mobility Impairment: \_\_\_\_\_

Deaf/Hard of Hearing- Corrected decibel levels: \_\_\_\_\_ left \_\_\_\_\_ right

Visual Impairment – Corrected acuity \_\_\_\_\_ left \_\_\_\_\_ right

Mental Health: \_\_\_\_\_

**Functional limitations:** the ways in which the diagnosis affects the student in the educational environment

Ability to maintain stamina	Oral Communication/Speaking Physical	Vision
Behavior	Regulation	Other: _____
Focus and attention	Processing information	
Hearing	Sitting for extended periods of time	
Mobility/ ambulation	Social communication/social interaction	

### Licensed Health-Care Professional:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ License Number: \_\_\_\_\_ Date: \_\_\_\_\_