

Chabot College

25555 Hesperian Blvd. | Bldg. 2400 | Hayward, CA 94545 | 510.723.6725 | FAX: 510.723.7200



**Accessibility Center for Education
Disability Verification Form**

Physician / Agency / Learning Specialist: _____

Date: ____ / ____ / ____

Street Address: _____

City: _____ State: _____ Zip: _____

The student listed below may be eligible for special support services through the Accessibility Center for Education (ACE) under regulations of California administration Code Title V. His/Her eligibility must be sustained by a professional or by a learning specialist.

Note: I hereby request and authorize you to release to Chabot College any information necessary to complete this form in verification of my eligibility for services.

Name (Last, First): _____

Phone: _____ D.O.B: ____ / ____ / ____

Street Address: _____

City: _____ State: _____ Zip: _____

Signature of Student: _____

Today's Date: ____ / ____ / ____

VERIFYING PROFESSIONAL: List all disabilities and include information describing the student's disabling condition.

1) **DIAGNOSIS:** _____

2) **Please describe substantial limitation to learning and other major life activities** (i.e. problem solving, mobility, distractibility, communication skills, medication or others that affect educational performance.)

3) Prescribed Medication and Dosages: _____

4) The above mentioned disability(ies) is/are:
 Permanent / Chronic Temporary Less than 45 days 45 days or greater

Date of Diagnosis: _____ End Date of Diagnosis: _____

Signature of Licensed / Certified Professional: _____

Name (Last, First): _____

Professional Title: _____

License / Certification #: _____

Today's Date: ____ / ____ / ____

Please return by e-mail to: scrawford@chabotcollege.edu