

PIERCE COLLEGE SPECIAL SERVICES
DISABILITY VERIFICATION

The following student will be eligible for services ONLY if this form is filled out completely and signed by a Licensed/Certified Professional

Student's Name

ID# _____

Licensed/Certified Professional please fill out the following information for the above named student:

1. Disability Please check the appropriate box(es)

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Aphasia | <input type="checkbox"/> Cerebral Palsy | <input type="checkbox"/> Hard of Hearing | <input type="checkbox"/> Neurological Damage |
| <input type="checkbox"/> Amputee | <input type="checkbox"/> Deaf | <input type="checkbox"/> Hemiplegia | <input type="checkbox"/> Post polio |
| <input type="checkbox"/> Arthritis | <input type="checkbox"/> Developmentally Delayed | <input type="checkbox"/> Hemophilia | <input type="checkbox"/> Quadriplegic |
| <input type="checkbox"/> Blind | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Multiple Sclerosis | <input type="checkbox"/> Paraplegic |
| <input type="checkbox"/> Cardiac Disease | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Visually Impaired | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Other | Other Disability <input style="width: 500px;" type="text"/> | | |

2. Duration of Disability (check one box only)

- ☐ PERMANENT / CHRONIC (no scheduled updates for diagnosis)
- ☐ TEMPORARY (lasting 45 days or longer) Ending Date:

3. Basis of Disability Classification (check one box only)

- ☐ BY OBSERVATION
- ☐ BY DOCUMENTATION

4. Source of Verification

Signature of Licensed/Certified Professional: _____

Name/Title (print): _____ License #: _____

Address: _____

Phone: _____ Today's Date: _____

Educational limitations (inability or limited ability to):

- | | | | |
|-----------------------------------|--|---|--|
| <input type="checkbox"/> Ambulate | <input type="checkbox"/> See | <input type="checkbox"/> Comprehend Reading | <input type="checkbox"/> Retain Facts |
| <input type="checkbox"/> Hear | <input type="checkbox"/> Sit for Long Time | <input type="checkbox"/> Understand Math | <input type="checkbox"/> Other |
| <input type="checkbox"/> Speak | <input type="checkbox"/> Use Arms/Hands | <input type="checkbox"/> Compose an Essay | Other Limitations <input style="width: 150px;" type="text"/> |

Please return the completed form to Pierce College Special Services Office
6201 Winnetka Ave. Woodland Hills, CA. 91371
(818) 719-6430

Administrative Code, Title 5, identifies the following disabilities for funding purposes:

- I. Physical Disability means a visual, mobility, orthopedic or other health impairment.
 - a) Visual impairment means total or partial loss of sight.
 - b) Mobility and orthopedic impairment means serious limitation in locomotion or motion functions which indicate a need for special services or special classes.
 - c) Other health impairment means a serious dysfunction of a body part or system which necessitates the use of one or more of the supportive systems or programs.
- II. Communication Disability is an impairment in the process of speech, language or hearing.
 - a) Hearing impairment means a total or partial loss of hearing function which impedes the communication process essential to language, educational, social and/or cultural interactions.
 - b) Speech and language impairment means one or more speech-language disorders of voice, articulation, rhythm and/or the receptive and expressive processes of language.
- III. Learning Disability is a persistent condition of presumed neurological dysfunction which may exist with other disabling conditions. This dysfunction continues despite instruction in standard classroom situations. Learning disabled adults, heterogeneous groups, have:
 - a) average to above average intellectual ability;
 - b) severe processing deficit(s);
 - c) severe aptitude-achievement discrepancies;
 - d) Measured appropriate adaptive behavior in school or job setting; and
 - e) measured appropriate adaptive behavior in an instruction or employment setting.
- IV. Acquired Brain Injury means a deficit in brain functioning which is non-generative or progressive and is medically verifiable, resulting in a total or partial loss of one or more of the following: cognitive, communication, motor, psycho-social or sensory perceptual abilities.
- V. Developmental Delayed Learner is a student who exhibits:
 - a) below average intellectual functioning;
 - b) impaired social functioning;
 - c) potential or measurable achievement in a school or job setting; and
 - d) measured appropriate adaptive behavior in a school or job setting.
- VI. Multiple Disabilities are defined as two or more functional impairments as described above.

The Vocational Educational Act identifies the following additional "disability" conditions for services to students enrolled in eligible vocational programs.

Seriously emotionally disturbed, including mental or psychological impairment or chemical dependency.