



Disability Services & Programs for Students

Verification of Disability

The student named below has requested services/accommodations at Modesto Junior College

FIRST NAME	MIDDLE INITIAL	LAST NAME	DOB:	
MAILING ADDRESS	CITY	STATE	ZIP	PHONE NUMBER

Option 1 Attach a copy of your IEP or 504 Plan from high school.

– **OR** – (Submit documentation for both options if requesting accommodations for different disabilities)

Option 2 This form must be completed by a **Licensed Professional**. **Items 1 through 6 must be answered.** Reports and scores must be included for some disabilities.

1. Diagnosis: _____

<input type="checkbox"/> Acquired Brain Injury	<input type="checkbox"/> Intellectual Disability	<input type="checkbox"/> Autism Spectrum
<input type="checkbox"/> Learning Disability (must include test scores)	<input type="checkbox"/> Physical Disability	<input type="checkbox"/> ADHD
<input type="checkbox"/> Deaf & Hard of Hearing	<input type="checkbox"/> Blind & Low Vision	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Mental Health Disability- DSM-V Code (s) _____		

2. This disability is: Permanent/Chronic Temporary: _____ months

3. This disability is: Observable Not Observable

4. Educational/Functional Limitations:

<input type="checkbox"/> Auditory Processing	<input type="checkbox"/> Visual Processing
<input type="checkbox"/> Academic Deficits	<input type="checkbox"/> Easily Distracted
<input type="checkbox"/> Limited Ambulation	<input type="checkbox"/> Poor Concentration
<input type="checkbox"/> Difficulty Formulating and executing plan of action	<input type="checkbox"/> Visual Acuity right eye _____ left eye _____
<input type="checkbox"/> Difficulty Overcoming Unexpected Obstacles	
<input type="checkbox"/> Panics in Unfamiliar Surroundings and Situations	
<input type="checkbox"/> Hearing Loss (current audiogram)	
<input type="checkbox"/> Other (Please Describe) _____	

5. Recommended Services/Accommodations:

<input type="checkbox"/> Assistive Listening for Hearing Impaired	<input type="checkbox"/> Interpreter (Sign Language)	<input type="checkbox"/> Accessible Textbooks
<input type="checkbox"/> Note Taker (NCR paper)	<input type="checkbox"/> Reading Magnifying Machine	<input type="checkbox"/> Scribe
<input type="checkbox"/> Audio Record Lectures	<input type="checkbox"/> Test Taking (Extended Time, Distraction Reduced Setting)	<input type="checkbox"/> Other _____

6. Reduced Units: 3-6 6-9 9-11

Licensed Professional Only	
Print Name: _____	Date: _____
Signature of Licensed Professional: _____	
License Number: _____	Phone Number _____

PLEASE BRING, FAX OR EMAIL THIS FORM TO:

Modesto Junior College
Disability Services & Programs for Students
Student Services Building, Room 112
435 College Avenue ● Modesto, CA 95350

PHONE #: (209)575-6225 or FAX (209) 575-6852
EMAIL mjc@sps@mjc.edu