



**Stark State College Of Technology**  
6200 Frank Ave. NW  
North Canton, Ohio 44720-7299  
(330) 494-6170 Fax (330) 497-6313

## **Disability Support Services**

### **Disability Verification**

**(to be completed by diagnosing or treating psychologist/physician)**

Disability Support Services at Stark State College provides support services to students with diagnosed disabilities. To ensure the proper, appropriate and reasonable accommodations are provided our students, this office requires current comprehensive documentation of the disorder from their diagnosing or current physician/psychologist. This should include information that describes how the disorder was diagnosed, symptoms of the disorder evidenced, severity of the condition, treatment and medication prescribed and recommendations for accommodations.

Please note that eligibility for services is determined based on a review of this information, in accordance with criteria established in the codification of Section 504 of the Rehabilitation Act of 1973, and in case precedent pertaining to the Americans with Disabilities Act. It is therefore imperative that comprehensive information be provided so that a Stark State College Disability Support Service's Specialist can make an appropriate determination about the student's eligibility to receive disability accommodations under the law. Confidentiality of the information provided is ensured, and will in no way become part of the student's academic record. Please feel free to contact the Disability Support Services office with any questions or concerns you may have regarding the information you are being asked to provide. Thank you for your assistance.

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_

**1. ICD-9-CM or DSM-IV Diagnosis:** \_\_\_\_\_

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Level of Severity (circle one):    Mild    Moderate    Severe

Date of Diagnosis: \_\_\_\_\_

Last contact with student: \_\_\_\_\_

**2. What instruments and procedures were utilized to assist and diagnose the disability in this student? (Please attach a copy of the diagnostic report):**

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**3. Describe the particular symptoms of the disability that manifest most significantly for this student:** \_\_\_\_\_

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**4. List current medication, dosage, frequency and possible adverse side effects:**

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**5. List other treatment recommendations you have made for this student:**

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6. List any recommendations for accommodations you may have for this student in an academic setting (i.e. extra time for exams, distraction-free testing space, tape-recorded text books, electric scooter, assistive listening devices, front row seating, etc.):

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7. Describe any other relevant information you may wish to share about this student, as it pertains to ways that we may be of further assistance:

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Psychologist/Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Email address (if applicable): \_\_\_\_\_

Please mail or fax this form to: Disability Support Services  
Stark State College  
6200 Frank Avenue N.W.  
North Canton, OH 44720

Phone: 330-494-6170 ext. 4423  
Fax: 330-497-6313  
Attn: Disability Support Services

**NOTE:**

If you are replying to this request for information via fax, the fax number above goes to the Business Office and is **NOT** in a secure location. Please be sure to put: ATTENTION: Disability Support Services when sending a fax to this department. Please call the DSS office *prior* to faxing any personally identifiable health information (PHI) via return fax so we know to look for it.