



Verification of Disability

The Office of Disability Services
General Technology Building, Room B105
419-559-2200 (Phone)
419-333-8017 (Fax)
DisabilitiesServices@terra.edu

Dear Professional,

The student named on the attached Verification of Disability Form has applied for services available to qualified individuals with disabilities through the Office of Disability Services at Terra State Community College. Current and comprehensive documentation of the student's disability must be on file in our office to determine appropriate and reasonable educational accommodations. The student identified has indicated that you could provide documentation of disability along with information pertinent to functioning in college.

Once the information is received by the college it becomes subject to the Federal Family Education Rights and Privacy Act of 1974 (FERPA) regulations which state that the information is available to the student upon request. Please complete the attached Disability Verification form and return as indicated to our office or to the student.



Verification of Disability

The Office of Disability Services
General Technology Building, Room B105
419-559-2200 (Phone)
419-333-8017 (Fax)
DisabilitiesServices@terra.edu

Student Information

To Be Completed by the Student (Please Print Legibly or Type)

First Name: _____ Last Name: _____
 Date of Birth: _____ Student ID #: _____
 Phone: _____ TSCC Email: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____

I request that the professional designated below complete this form:

Name of Certified or Licensed Professional: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____

Diagnostic Information

To Be Completed by a Certified or Licensed Healthcare Provider

Please provide the following information in full where applicable in order to verify disability and help determine reasonable educational accommodations to support this student:

Date of Diagnosis: _____
 ICD-11 / DSM-V Code: _____ ICD-11 / DSM-V Code: _____

Description of Diagnosis:

This condition is: Chronic Prone to exacerbation by _____

Severity level and current symptoms:



Verification of Disability

The Office of Disability Services
 General Technology Building, Room B105
 419-559-2200 (Phone)
 419-333-8017 (Fax)
DisabilitiesServices@terra.edu

Prescribed medications, dosage, and side effects:

Functional limitations (disorder / medication effect on academic tasks):

Describe how this condition substantially limits major life activities:

Recommended Accommodations:

Alternative Format Materials Audio Recording Early Access to Course/Material Kurzweil Audio Exams Speech to Text / Text to Speech Other _____ Other _____	Assistive Technology Class Breaks Extended Exam Time (___%) Preferential Seating Use of Calculator Other _____ Other _____	Attendance Flexibility Course Notes/Slides Flexibility Assignment (___Hrs) Reduced Course Load Use of Testing Center _____ _____
---	--	--

Professional Verification

Signature

Date

Printed Name

License Number

Supporting educational, medical and or psychological documentation should be attached and returned to:
 The Office of Disability Services, General Technology Building, Room B105, 2830 Napoleon Rd, Fremont, OH 43420.
 419-559-2200 (Phone). 419-333-8017 (Fax). DisabilitiesServices@terra.edu. Please return this form to our office as soon as possible so this student may receive support from our program. If you have any questions, please call 419-559-2200.