Student Disability Services
Nampa Campus Student Success Center • 5600 E Opportunity Dr
MS 2100 • Nampa, ID 83687

VERIFICATION OF DISABILTY

Our office is seeking verification of your patient's disability to determine eligibility for academic accommodations as a student at CWI. Please complete and fax this form to the Student Disability Services office at **208-562-3478** at your earliest convenience. Thank you.

LAST NAME _____ FIRST NAME _____ M.I. _____ DATE OF BIRTH _____ PHONE NUMBER _____

ICD-11 or *DSM-5* DIAGNOSES

DISORDER	CODE	SEVERITY	DURATION

FUNCTIONAL LIMITATIONS

Are one or more major life activities significantly limited by the disorder(s)?

- ☐ Communicating
- ☐ Concentrating
- ☐ Eating
- ☐ Hearing
- ☐ Learning
- ☐ Manual Tasks
- ☐ Reading
- ☐ Seeing
- ☐ Thinking
- ☐ Walking
- ☐ Working
- ☐ _____

Functional limitations should be determined without consideration of mitigating measures including medication. If condition is episodic in nature, level of functioning should be assessed based on active phase of symptoms.

BEHAVIORAL MANIFESTATIONS

Check all that apply:

- ☐ Appetite
- ☐ Attending Class
- ☐ Cognitive Processing
- ☐ Meeting Deadlines
- ☐ Memory
- ☐ Organization
- ☐ Processing Speed
- ☐ Reasoning
- ☐ Sleeping
- ☐ Stress
- ☐ _____
- ☐ _____

PROVIDER NAME _____ TITLE _____ DATE _____

SIGNATURE _____ PHONE _____ FAX _____