Student Disability Services
Nampa Campus Willow Building C • 5520 E Opportunity Dr • Nampa, ID 83687
MS 2020, PO Box 3010 • Nampa, ID 83653

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 ____