



# College of the Sequoias

## VERIFICATION OF QUALIFYING CONDITION

Please return this form and documentation to:

Mail: College of the Sequoias, Access & Ability Center AAC, 915 S. Mooney Blvd., Visalia, CA

93277 Fax: (559) 730-3803

### THIS SECTION MUST BE COMPLETED BY THE STUDENT

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Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Cell #: \_\_\_\_\_

In order to receive services from the AAC at College of the Sequoias, verification of a qualifying condition must be provided. I request that the professional designated below complete this form.

Name of Licensed or Certified Professional: \_\_\_\_\_

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

Telephone #: \_\_\_\_\_ FAX #: \_\_\_\_\_

### THIS SECTION MUST BE COMPLETED BY THE LICENSED OR CERTIFIED PROFESSIONAL

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Please provide the following information in full in order to help determine reasonable educational accommodations to support this student:

Diagnosis: \_\_\_\_\_

DSM V Code and Severity (if applicable): \_\_\_\_\_

Condition is:  Stable  
 Prone to exacerbation

Duration:  Permanent/Chronic  
 Temporary (Re-evaluation date or estimated duration of disability):

**I understand that the information provided by the verifying professional will become part of the student record, and may be released to the student upon their written request.**

\_\_\_\_\_  
Verifying Professional Signature

\_\_\_\_\_  
Date

If the above information is completed by someone other than the professional who made the diagnosis, please provide the name and address of the person who made the diagnosis in the space provided below.

\_\_\_\_\_  
Completing this form will allow this student to access services on the COS campus. Students with a wide variety of qualifying conditions, e.g., anxiety, asthma, migraines, diabetes, depression, etc., simply need to provide us with documentation of their condition(s). These conditions often pose difficulties with focus and concentration in the academic setting – and could interfere with note-taking and timed testing.