Los Angeles Southwest College (LASC) DSP&S DISABILITY VERIFICATION

Disabled Student Programs and Services

College. They require current and comfollowing questions as soon as possible authorize you and DSP&S to communications.	rices through Disabled Student Pro Inprehensive documentation of my e and return to me or send directly icate regarding my disability/medic	Birthdate ograms and Services (DSP&S) at LA Southwest disability/medical condition. Please respond to the to DSP&S by mail or fax (information below). I cal condition. Date	
THIS SECTION MUST BE COMPLETED BY THE STUDENT			
		Date:	
Address:		Phone #:	
In order to receive disability-related provided. I request that the profess	services at Los Angeles South	hwest College a verification of disability must be ete this form.	
THIS SECTION MUST BE COMPL	ETED BY THE LICENSED OF	R CERTIFIED PROFESSIONAL	
Name of Licensed or Certified Profe	essional:	License #	
Address:	Fax #:	Phone #:	
Please provide the following informato support this student:	ation in full in order to help dete	ermine reasonable educational accommodations	
1. Diagnosis:			
2. DSM IV Code and Severity (if	applicable)		
3. How does this condition limit this student's ability to learn or to meet the demands in a college setting?			
4. Condition is: o sta	able o p	rone to exacerbation	
5. Duration of Disability: o Pe	ermanent/Chronic o Te	emporary (date disability will end)	
6. In your professional opinion, t □Full-time (12 or more units) **Checking one of these boxes	☐Half-time (6-11 units)		
· · · · · · · · · · · · · · · · · · ·	•	understand that the information provided eased to the student upon her/his written	
Verifying Professional Signature Please return completed form to:			

THIS SECTION MUST BE COMPLETED BY DSP&S STAFF

professional staff with review by the DSP&S Coordinator.

DSP&S Counselor Signature	Date
DSP&S Coordinator	

I hereby certify this student is eligible for DSP&S services based on observation by a DSP&S

The Community College District uses the information requested on this form for the purpose of determining a student's eligibility to receive authorized special services provided by the Disabled Students Programs and Services (DSP&S) Program. Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure. Portions of this information may be shared with the Chancellor's Office of the California Community Colleges or other state or federal agencies; however, disclosure to these parties is made in strict accordance with applicable statutes regarding confidentiality, including the Family Educational Rights and Privacy Act (20 U.S.C. 1232(g)). Pursuant to Section 7 of the Federal Privacy Act (Public Law 93-579; 5 U.S.C. § 552a, note), providing your social security number is voluntary. The information on this form is being collected pursuant to California Education Code Sections 67310-67312, and 84850; and California Code of Regulations, Title 5, Section 56000 et seq.