

DRS Documentation Requirements

Students requesting academic accommodations on the basis of a disability are required to provide documentation of a disabling condition. The Maricopa County Community Colleges District has set forth the standards required for documentation that verifies a disabling condition. Below is some general criteria documentation must meet before accommodations can be determined.

Disability Verification Form

Disability Resources and Services can provide a “Disability Verification Form” that can be completed by a trained and qualified professional, or the professional may choose to submit a letter. The letter **must** be on letterhead, **with date and signature**, and must include the following:

1. a diagnostic statement identifying the disability (including the date of the diagnosis)
2. current severity/impact of the disability (mild/moderate/severe)
3. an assessment of major life activities that are impacted by the disability (e.g., learning, concentration, class attendance, social interactions, reading, walking, etc.)
and
4. specific recommendations for accommodations.

Temporary Accommodations for Insufficient Documentation

The process does not have to stop because a student does not have the “required” documentation. A student can be provided 30 days to acquire documentation that is applicable to the ADA and meets the requirements of the District’s Documentation Policy. The student would need to speak with their Program Advisor and request an intake to discuss temporary academic adjustments while they work to acquire updated or appropriate documentation. The intake is an interactive process used to determine eligibility to receive accommodations at any of the Maricopa Community Colleges.

Release of Information

If your documentation is missing a crucial piece or more information is needed, you may elect to fill out a medical release of information and grant your Program Adviser permission to reach out to your provider. This would allow us to collect the necessary information without the need for the student to make an additional appointment with their provider, potentially saving time and money. The conversation will be limited to information relevant to the request of your accommodations and disability and you may revoke that release at any time of your choosing. *Note: Your medical provider may require that you submit a medical release of information on their end due to confidentiality concerns or HIPPA. Please check with your provider for their policies in order to prevent delayed communication.*



Physical Disabilities

The student must submit a written, current diagnostic report of any physical disabilities that are based on appropriate diagnostic evaluations administered by trained, licensed and qualified professionals. The diagnostic report must include the following information:

- I. A clear disability diagnosis, history, and the date of diagnosis.
- II. A description of any medical and/or behavioral symptoms associated with the disability.
- III. Medications, dosage, frequency, and any adverse side effects attributable to use.
- IV. A clear statement specifying functional limitations.
- V. A recommendation for accommodation(s).

Specific Learning Disability

- Submit a written diagnostic report of specific learning disabilities that is based on age appropriate, comprehensive, psycho educational evaluations using adult normed instruments.
- The assessment or evaluation which leads to the diagnosis must be administered by a trained, certified, and qualified professional who has had direct experience with adolescents and adults with learning disabilities.
- *School plans such as individualized education plans (IEP) or 504 plans may not be sufficient documentation if they do not include the diagnostic reports used to diagnose the disability.*
- DRS reserves the right to request reassessment when questions regarding previous assessment or previous service provision arise.

Attention Deficit Hyperactivity Disorder (ADHD)/Attention Deficit Disorder (ADD)

- Disability Resources and Services will accept current diagnoses of ADHD that are based on age-appropriate, diagnostic evaluations, administered by trained, licensed and qualified professionals. Submitted documentation must demonstrate current functional limitations of the disability.
- *An IEP or 504 plan indicating an "other health impairment" for ADHD alone is not typically sufficient as a school district cannot diagnose ADHD.*

Psychiatric Disabilities

- Disability Resources and Services will accept current diagnoses of psychiatric disabilities that are based on comprehensive and appropriate diagnostic evaluations completed by trained, licensed, and qualified professionals (e.g., psychologists, psychiatrists, neuropsychologists, school psychologists). Submitted documentation must demonstrate current functional limitations of the disability.



Disability Verification Form

Disability Resources and Services (DRS) at Glendale Community College provides academic services and accommodations for students with diagnosed disabilities. The documentation provided regarding the disability diagnosis must demonstrate a disability covered under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990, as amended (2008). The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities.

1. The healthcare professional(s) conducting the assessment and/or making the diagnosis must meet Maricopa requirements for documentation. These persons are generally trained, certified, or licensed to diagnose medical conditions. <https://district.maricopa.edu/regulations/admin-regs/section-2/2-8>
2. All parts of the form must be completed as thoroughly as possible. Inadequate information, incomplete answers, and/or illegible handwriting will delay the eligibility review process by necessitating follow up contact for clarification. It is recommended that this form be completed by providing the information in this form.
3. The information you provide will be kept in the student's DRS file where it will be held securely and confidentially.
4. If you have questions regarding this form, please call Disability Resources and Services at the campus where you are registered for services.
5. Important: After documentation is reviewed, Disability Resources and Services will send an email notification to the student's Maricopa email account, (MEID@maricopa.edu), acknowledging receipt of documentation and the student's eligibility status.



MARICOPA
COMMUNITY COLLEGES

STUDENT INFORMATION (To be completed by student):

First Name _____ Middle _____ Last _____

Date of Birth _____ MEID _____

Status (check one) current student transfer student prospective student

Local phone (_____) - _____ - _____ Cell phone (_____) - _____ - _____

Address _____

If current Maricopa student, email address _____ @maricopa.edu

Other email address _____

**THE NEXT FOUR
(4) PAGES TO
BE COMPLETED
BY THE
HEALTHCARE
PROVIDER.**



DIAGNOSTIC INFORMATION (to be completed by Healthcare Provider)

Please print legibly:

1. Date of Diagnosis: _____ Date of Last Evaluation _____

2. Primary Diagnosis (DSM/ICD codes): _____

3. Secondary Diagnosis (DSM/ICD codes): _____

4. What is the severity of the disorder? Mild Moderate Severe

5. Please state the medication or treatment plan the student is currently prescribed:



6. Major Life Activities Assessment:

Life Activity	Negligible	Moderate	Substantial	Not Sure
Concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Regular Class Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communicating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Keeping Appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Managing Internal Distractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing External Distractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. In addition to the major life activities that are indicated above, please describe any activities that may be impacted by the disability or symptoms that may need to be addressed in the college environment:

8. Please state specific recommendations regarding academic accommodations for this student:



9. Please add any additional comments that you feel appropriate:

HEALTHCARE PROVIDER INFORMATION

(Please sign and date below and completely fill in all other fields using PRINT)

Provider Name _____

Title _____

License or Certificate _____

Address _____

Phone Number _____

Email _____

Provider Signature _____ Date _____