



Office of Disability Services

Verification of a Disability (please print)

The Disability Services Office at Butler Community College provides accommodations to students with disabilities. To determine eligibility for services, this office requires documentation of the condition from diagnosing or current treating professional.

Please answer the following questions pertaining to: _____

DOB: _____

Primary Diagnosis: _____

Date of Diagnosis: _____ Date of last contact with student: _____

DSM Codes and GAF Score, if applicable: _____

Describe symptoms/behaviors associated with diagnosed condition: _____

List prescribed medications(s), dosage, frequency, and adverse side effects (if applicable):

Does this condition or medication prescribed cause substantial limitations in the academic environment?

If yes, please explain: _____

The following academic accommodations may or may not be appropriate for this student. Please indicate those which you believe will reduce the impact of symptoms, medication side effects, and/or behavior issues in the academic environment.

- Peer notetaker
- Use of audio textbooks
- Distraction free testing environment
- Extended testing time

Other: _____

Licensed Professional's Signature: _____ Date: _____

Name and Title (print) _____

Address _____

Office Phone: _____

Please send completed form and any other relevant material (i.e. Results of psych-educational testing) to:

Teressa Eastman, Director of Disability Services

Phone: (316)322-3166

901 S. Haverhill Rd.

FAX: (316)323-6498

El Dorado, KS 67042