



Long Beach City College
Disabled Students Program & Services
DISABILITY VERIFICATION

Date _____

The student named below may be eligible for special services at Long Beach City College.
In order to provide services we must have verification of disability as defined on the second page of this sheet.

Last Name First Name Middle Name Social Security #

Address City Zip Code

To be completed by certifying professional ONLY

Please provide the following information in full: (include medical diagnosis and DSM-5 classification if appropriate.
Please include DSM-5 Axis designation) Diagnosis of Disability(ies)

Please check the following activities which are significantly limited by the above stated disability(ies) and/or side
effects of medication. Indicate the level of severity as mild, moderate or severe for the identified disability(ies).

1 = Mild 2 = Moderate 3 = Severe

Mobility

- Ambulation
Coordination
Fine Motor/Manual Dexterity
Range of Motion
Balance
Sitting
Lifting
Standing
Stooping
Reaching

Learning

- Attention or Concentration
Information Processing
Memory
Writing
Reading
Math Reasoning

Psycho / Emotional

- Affect
Coping with Stress
Awareness

Other

- Breathing
Stamina
Alertness

Communication

- Receptive Language
Expressing Language
Interacting with Others

Sensory

Hearing Please specify: left ___ loss right ___ loss
Visual Please specify: left ___ (ie 20/200) right ___ (ie 20/200)

Other activities that are limited (not specified above):

Do you recommend a reduced semester class load for this student? ___ Yes ___ No

The above mentioned disability is: ___ Permanent ___ Temporary (less than 120 days)

Signature of certifying professional Date Telephone #

Printed name of certifying professional Professional Title License Number

Address City State Zip Code

Administrative Code, Title 5, identifies the following disabilities for funding purposes:

- 1 Physical Disability** - A visual, mobility or orthopedic impairment.
 - a. Visual impairment means total or partial loss of sight.
 - b. Mobility and orthopedic impairment means a serious limitation in locomotion.

- 2. Communication Disability** - An impairment in the processes of speech, language, or hearing.

- 3. Learning Disability** - A persistent condition of presumed neurological dysfunction, which may exist with other disabling conditions. This dysfunction continues despite instruction in standard classroom situations. To be categorized as learning disabled a student must exhibit:
 - a. average to above average intellectual ability
 - b. critical processing deficit(s)
 - c. severe aptitude achievement discrepancy(ies) and
 - d. measured achievement in an instructional or employment setting

- 4. Acquired Brain Impairment** – A verified deficit in brain functioning caused by external or internal trauma to the brain, which results in a total or partial loss of cognitive, communicative, motor, psycho-social, and/or sensory-perceptual abilities.

- 5. Developmentally Delayed** - Students who exhibit the following:
 - a. Below average intellectual functioning and
 - b. Potential for measurable achievement in instructional and employment settings

- 6. Psychological Disability** - A persistent psychological or psychiatric disorder, or emotional or mental illness that is listed in the DSM-V and is coded on Axis I or II as moderate or severe.

- 7. Other Disabilities** - Includes all students with disabilities who do not fall into any category described in the above disability specific categories, but indicate a need for support services or instruction provided pursuant to sections 56026 and 56028 of the California Educational Code.

“Other” disabilities include conditions having limited strength, vitality, or alertness due to chronic or acute health problems. Examples include, but are not limited to, environmental disabilities, attention deficit disorders, heart conditions, tuberculosis, nephritis, sickle cell anemia, hemophilia, leukemia, epilepsy, acquired immune deficiency syndrome (AIDS), or diabetes.