

Coahoma Community College  
Disability Support Services

DISABILITY VERIFICATION

To be completed by a Qualified Licensed Professional

Name: \_\_\_\_\_ SS# \_\_\_\_\_  
(student)

Date of Verification: \_\_\_\_\_ Verified By: \_\_\_\_\_

May we contact you **yes ( ) no ( )**

Date Diagnosed: \_\_\_\_\_ By Whom: \_\_\_\_\_

DSM IV Diagnosis: \_\_\_\_\_

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

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

Major Life Activity with which this condition interferes:

\_\_\_ Manual tasks \_\_\_ Walking \_\_\_ Seeing \_\_\_ Hearing \_\_\_ Breathing \_\_\_ Learning \_\_\_ Speaking

Functional Limitation

\_\_\_ Organizing/Sequencing

\_\_\_ Easily Distracted

\_\_\_ Poor Concentration

\_\_\_ Difficulty focusing for Extended Periods of Time

\_\_\_ Difficulty Formulating and Executing Plan of Action

\_\_\_ Abstract Thinking

\_\_\_ Panic Attacks

\_\_\_ Other: (Be Specific)

Recommended Accommodations:

\_\_\_ Extended Test Time

\_\_\_ Non-distracting Test Environment

\_\_\_ Taped Textbooks

\_\_\_ Calculator

Other: \_\_\_\_\_

Physician address \_\_\_\_\_

E-mail address of physician \_\_\_\_\_

Phone number (area code) \_\_\_\_\_

*This form must be completed and returned to:* Wanda G. Holmes, Director of Human Resources/Coordinator for 504/ADA, Title IX Compliance Officer, Office #A100, Vivian M. Presley Administration Building, 3240 Friars Point Road, Clarksdale, Mississippi 38614, Phone: (662)621-4853, Email: [wholmes@coahomacc.edu](mailto:wholmes@coahomacc.edu).