

Coahoma Community College
Disability Support Services
Professional Documentation of Disability

Instructions: A qualified diagnostician must complete this form. (i.e., Physician, Advanced Practice Registered Nurse, Psychologist, and Psychiatrist).

Applicant Name: _____ Date: _____

Social Security Number: _____ Date of Birth: _____

TO BE COMPLETED BY THE PROFESSIONAL EVALUATOR

The applicant indicated above has requested special accommodations for services at Coahoma Community College. Documentation of the disability is required to support the necessity of the request. Provide documentation of the professionally recognized diagnosis by completing the form below. Attach additional documentation as needed.

1. Describe the applicant's specific disability diagnosis (i.e., mental, learning, physical):

2. Date of initial diagnosis: _____

3. Diagnostic and Statistical Manual of Mental Disorders (DSM) CODE: _____

4. Indicate the specific standardized and professionally recognized test/assessment given (e.g. Woodcock-Johnson, Wechsler Adult Intelligence Scale): _____

5. Date of assessment identified above: _____

6. Identify scores resulting from testing, interpretation of the scores and evaluations:

7. Indicate recommendations for testing accommodations with stated rationale as to the necessity and appropriateness for the diagnosed disability: _____

NAME OF PROFESSIONAL : _____ TITLE: _____

PHONE NUMBER (Area Code): _____ E-MAIL: _____

INSTRUCTIONS: This form must be completed and returned to: Michael Houston, Director of Employee Services/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: mhouston@coahomacc.edu.