



**GREAT FALLS  
COLLEGE**

**MONTANA STATE  
UNIVERSITY**

**Disability Services**

2100 16<sup>th</sup> Ave S

Great Falls, MT 59405

(406) 771-4311 • FAX: (406-441-4342)

[www.gfcmsu.edu](http://www.gfcmsu.edu)

### **Disability Verification Form**

Under the ADA of 1990, ADAAA of 2008, and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities may be entitled to reasonable accommodations in order to ensure equal access. A disability is defined as a “physical or mental impairment that substantially limits one or more major life activities.” To establish that an individual is qualified, documentation must confirm that a specific disability exists and that the disability requires accommodation. This would include information on onset, longevity, severity of symptoms, functional limitations, and effect of medications or other required treatment. Documentation must also support the request for specific accommodations and academic adjustments.

Disability Services provides academic accommodations for students with diagnosed disabilities. The purpose of this form is to assist medical providers in documenting a student’s relevant disability information for determining accommodation eligibility.

Please note as you complete this form:

The qualifying professional (not a friend or relative) must have expertise in the area for which they are rendering a diagnosis, including differential diagnosis of the documented medical, physical, or psychological condition, and follow established practices in the field. The person completing this form should be a: Healthcare professional (not a relative) who is either (1) qualified to assess and diagnose the student’s condition, and/or (2) is a part of the student’s treatment plan for a previously diagnosed condition. These professionals include:

- Physician
- Psychiatrist
- Psychologist
- Therapist
- Social worker
- Speech-language pathologist
- Audiologist

**Note: In addition, please provide:**

- **Physician’s or other health care professional’s letter stating diagnosis on letterhead**

**And, if needed, please include:**

- Diagnostic report or assessments
- Medical records
- Psycho-educational testing
- School records
- IEP/504 plan (including information to verify a disability, statements regarding current academic barriers, accommodations used in the past, and how a disability impacted a student academically)



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Please complete all parts of this form as thoroughly as possible. Inadequate information, illegible handwriting, or missing fields may delay the eligibility review process.

We invite you to attach to this form any other documents or information you think would be relevant in determining the student's academic accommodations.

The information you provide will be kept in the student's file in the Disability services office where it will be held securely and confidentially. This form may be released to the student at the student's request.

Once completed, you may fax it to Disability Services at 406-771-4342 or return this form to the student so that they may take this to the Disability Services office at Great Falls College MSU.

If you have any questions regarding this form, please call Disability Services at 406-771-4311.

### **Student Information**

(Please Print Legibly or Type)

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### **Diagnostic Information**

(Please print legibly or type)

Date of Diagnosis: \_\_\_\_\_

Multiaxial DSM-5 Classification(s): \_\_\_\_\_

Primary Diagnosis: \_\_\_\_\_



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Secondary Diagnosis: \_\_\_\_\_

What is the severity?

Mild

Moderate

Severe

Partial Remission

What is the history of clinical contact with this student including the date of the last clinical contact?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please state the medication or treatment the student is currently prescribed which causes side effects (affects the student in the educational environment):

Assessment/evaluation procedures:

Does this condition significantly limit one or more of the following life activities? Please indicate the level of limitation.

Life Activity	No Impact	Moderate Impact	Substantial Impact	Don't Know
Attending class				
Breathing				
Calculating				
Caring for oneself				



Communicating				
Concentrating				
Eating				
Hearing				
Interacting with others				
Learning				
Lifting/carrying				
Making/keeping appointments				
Managing distractions				
Meeting deadlines				
Memorizing				
Organization				
Performing manual tasks				
Reaching				
Reading				
Seeing				
Sitting				
Sleeping				
Spelling				
Stress management				
Taking exams				
Talking				
Thinking				
Walking/standing				
Working				
Writing				
Other				

For those major life activities checked above, please provide an explanation of the impact of the limitation (e. g. degree of significance, how it affects the student in an academic environment).



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What specific academic accommodations are recommended in order for the student to access the curriculum and programs at Great Falls College MSU?

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I certify that the above referenced client/patient has a “physical or mental impairment that substantially limits one or more major life activities of such individual” as defined by the Americans with Disabilities Act. In addition, I have the necessary professional qualifications to document my client/patient’s disability, and the information provided on this form is accurate to the best of my knowledge.

Name of Professional (please print):

Signature of Professional:

License/certification #:

Date:

Address:

Phone:

Fax:

Please return this form to the Disability Services office as soon as possible so this student may begin participation in our program. Please include any verifying documents from your files.

Students requesting accommodations must meet with the Director of Disability Services to determine appropriate accommodations. Appropriate documentation of disability will be reviewed by the Director of Disability Services and accommodations will be determined based on the student's report during the intake appointment and appropriate documentation of the disability. Together, the Director of Disability Services and the student will determine reasonable accommodations based on the impact of the student's disability. Because modification requests are individualized based on each student's disability, it is necessary to establish not only the existence but the functional impact of the condition on the student in the academic setting. Reasonable accommodations are designed to remove barriers and enable equal access to education. Accommodations that compromise course standards or fundamentally alter the integrity of a course or program will be denied. Course standards and/or technical standards must be maintained. Accommodations that result in undue financial or administrative burden will not be provided. Personal services including the provision of personal care attendants, personally prescribed devices, readers for personal use, services of a personal nature, tutoring, etc. will be denied.