Verification of Disability Form

Physical, Psychological, Sensory, and Other Medical Disorders

McFatter Technical College and High School
6500 Nova Drive • Davie, FL 33317
Tel: 754.321.5700

Directions: Form must be completed by the appropriate qualified medical professional. Please attach any available documentation to support diagnosis.

Student Name: _____ Student ID: _____

Phone Number: _____ Date of Birth:_____

Diagnosis: _____ Diagnosis Code (from DSM-V): _____

IMPACT OF DISABILITY: What are the current functional limitations of the student of learning and/or performing effectively in an educational setting?

_____

_____

Is this individual a danger to him/herself or others? ☐ Yes ☐ No

Please state any relevant behavioral observations: _____

MEDICATIONS: Please list any medication(s) the student is currently taking the side effect(s) the medication(s) may have on learning such as: concentration, focusing, attention, etc.

Medication(s):	**Side Affect(s):**
_____	_____
_____	_____

ACCOMMODATIONS RECCOMMENDED: Please state any recommendations for reasonable accommodations needed by the student. Examples of **specific** recommendations may include: "50% extra time", "small group testing (11-16)", etc. **Non-specific** recommendations such as "extra time" or "unlimited time" are **not acceptable**. Please remember, **the provision of reasonable accommodations must be based on objective evidence of a substantial limitation to learning and must be supported by test results, clinical observations, etc.** Accommodations are not given to ensure the student has plenty of time to finish test/assignment.

1._____ 3. _____

2. _____ 4. _____

Diagnostician's Signature: _____ **Date:** _____

Print Name: _____ **Title:**_____

Phone: _____ **Fax:**_____

Physician's office stamp here

For questions, please contact:
Karrah Fort at 754-321-5778
karrahsterling.fort@browardschools.com
McFatter Technical College
6500 Nova Drive, Davie, FL 33317
Attention: Karrah Fort

RS/6.22