

WESTERN NEVADA COLLEGE
DISABILITY VERIFICATION
Accommodation Recommendation Form

Disability Support Services at Western Nevada College provides support services to students with diagnosed disabilities. This form should be completed by a professional appropriate to making such diagnosis or recommendations. For most disabilities this is limited to physicians, psychologists, psychiatrists, and other medical professionals at the Doctoral level. Some licensed professionals at the Master's level are acceptable. If needed, please contact the Coordinator of Disability Support Services for more information at 775-445-4459 or susan.trist@wnc.edu.

Please note that eligibility for services is determined based on a review of this information, in accordance with criteria established in *Section 504 of the Rehabilitation Act of 1973*, and in cases pertaining to the *Americans with Disabilities Act*. It is therefore imperative that comprehensive information be provided so that Western Nevada College Disability Specialists can make an appropriate determination about the student's eligibility to receive disability-related accommodations under the law. Confidentiality of the information provided is ensured, and will in no way become part of the student's academic record. Please feel free to contact the Disability Support Services office with any questions or concerns you might have regarding the information you are being asked to provide. Thank you for your assistance.

Name of patient: _____

Date of current evaluation: _____

Diagnosis or description of disability: _____

Date of original diagnosis: _____

Describe the symptoms associated with this disability:

Description of how the disability may affect the individual's academic performance:

List current medication, dosage, frequency and possible adverse side effects:

List any recommendations for accommodations in an academic setting for this student (i.e. extra time for exams, quiet room for exams, different type of chair, lighting, note taker, audio recorded lectures, etc.):

Describe any specific concerns you may have, or other ways we may be of further assistance to this student:

Professional Signature: _____ Date: _____

Printed name and title: _____

Telephone: _____

Please email, mail or fax this form to:

Susan Trist, M.A., CRC
Western Nevada College
Disability Support Services
2201 West College Parkway
Carson City, NV 89703

Telephone: (775) 445-4459
FAX: (775) 445-3150
Susan.trist@wnc.edu

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