Date: __________________________

Dear: __________________________

As a student at Fulton Montgomery Community College, you have requested accommodations because of a disability. Please have your physician/psychologist review this letter and complete the attached Disability Verification Form in order to document your disability. This form outlines the specific information that we need to determine reasonable accommodations for you.

Please review the following information before completing the verification form:

1. For accommodation purposes, an individual with a disability under Section 504 of the Rehabilitation Act of 1973 or the Americans with Disabilities Act of 1990 (ADA), is a person who has a physical or mental impairment that substantially limits one or more major life activities. Major life activities include, but are not limited to walking, seeing, hearing, speaking, breathing, learning, working, caring for one’s self and/or other similar activities.

2. The presence of a disorder/condition by itself does not necessarily qualify an individual for accommodations under Section 504 or the ADA. It is the substantial limitation(s) on one or more major life activities due to the disorder or condition that will be the determining factor(s) in eligibility for specific accommodations. The information you provide regarding the functional limitations this individual is likely to have in a college setting—both inside and outside of the classroom—due to his/her disability will be critical in helping us determine reasonable accommodation.

3. Please make explicit connections between your patient’s functional limitations and any recommended accommodations.

Please mail the completed verification form to the appropriate disability official

Robin DeVito, Academic Support Counselor-Disability Services, 2805 St. Hwy 67, Fulton-Montgomery Community College, New York 12095 or fax to 518:762-6518, voice 518:762-4651 ext. 4760 rdevito@fmcc.edu
Or
Ellie Fosmire, Learning Disability Specialist, 2805 St. Hwy 67, Fulton-Montgomery Community College, NY 12095 or fax to 518:762-1273 voice 518:762-4651 ext. 5502 efosmire@fmcc.edu

If you have any questions or concerns, please contact either Robin or Ellie by phone or email. Your physician’s input is essential to the determination of appropriate accommodations.

Sincerely,

Robin Devito
Academic Support Counselor-Disability Services

Ellie Fosmire
Learning Disability Specialist

Enclosure: Disability Verification Form, Signed Release

July 2007
I STUDENT INFORMATION

Last Name: _____________________________________________  First Name: _____________________________
Social Security Number: ___________________________  Date of Birth: _____________________________
Address: ________________________________________________ Phone: ____________________________________
City: _____________________________________  State: ___________________  Zip: _____________

II CERTIFYING PROFESSIONAL INFORMATION

Name & Credentials:________________________________________________________________________________
Address: ____________________________________________________________
City: _____________________________________  State: ___________________  Zip: _____________
License number and state of licenser: ___________________________________________________________________

III DIAGNOSTIC DATA **(If psychological tests were administered, please include a copy of the report).

DSM Diagnosis: ____________________________________________________________________________________

Level of Severity: (circle one)  mild    moderate    severe
Date of Diagnosis: ____________________________________________________________________________________

What procedures were used to assess/diagnose ADD? Please attach diagnostic report(s). __________________________

Describe symptoms which meet the criteria for this diagnosis with approximate date of onset: ________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________

__________________________________________________________________________________
IV. THERAPEUTIC INTERVENTIONS

Is this student currently on medication?  YES (If yes, state medication and dosage)  NO

Provide a medication history related to this disability: ________________________________

Does this medication need to be monitored locally?  YES  NO

Does this student continue to need the services or accommodations listed in Section V when utilizing any recommended medications?  YES  NO

V. IMPLICATIONS FOR THE COLLEGE ENVIRONMENT

Implications for academic success: ________________________________________________

Implications for social interaction including residence life: ____________________________

Aspects of the college environment that may exacerbate symptoms: ____________________

Learning abilities specific to the post secondary environment that are impaired by ADD/ADHD (e.g. difficulty with concentration, slow processing speed etc.) _________________________________

Implications for taking exams and other classroom activities caused by ADD/ADHD or medications (please specify which): ________________________________

Implications for scheduling classes: _______________________________________________

July 2007
### VI. SUGGESTED ACCOMMODATIONS

NOTE: Final determination of appropriate accommodations will be determined by the Coordinator of Specialized Support Services based on consultation, as needed, with appropriate campus professionals (i.e., Counseling and Health Services) in accordance with the mandates of the Rehabilitation Act of 1973 and the Americans with Disabilities Act as well as court rulings and Department of Education Office of Civil Rights rulings related to these two laws.

Each recommended accommodation should be accompanied by an explanation of its relevance to the disability that is diagnosed.

<table>
<thead>
<tr>
<th>Accommodation</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Extension of time to complete exams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rationale: _____________________________________________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quiet room in which to take exams</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rationale: _____________________________________________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Extension of a deadline to complete an assignment</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rationale: _____________________________________________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Modified class schedule (time of class, breaks)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rationale: _____________________________________________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reduced course load</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rationale: _____________________________________________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other: _________________________________________________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rationale: _____________________________________________________________________________________</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

All documentation of a student’s disability is kept strictly confidential and is not released without written permission from the student or by order of the court. Please submit documentation and/or inquiries to the office checked below.

- Robin DeVito, 2805 St. Hwy 67, Fulton-Montgomery Community College, New York 12095 or fax to 518:762-6518, voice 518 – 736-3622 ext. 8145; email - rdevito@fmcc.edu
- Ellie Fosmire, 2805 St. Hwy 67, Fulton-Montgomery Community College, NY 12095 or fax to 518:762-1273 voice 518-736-3622 ext. 8147; email - efosmire@fmcc.edu

July 2007