HONOLULU COMMUNITY COLLEGE
Student ACCESS

PHYSICIAN'S VERIFICATION FORM – ACADEMIC

Please print clearly. Incomplete forms will not be processed.
Return to: Student ACCESS Office, 874 Dillingham Blvd. (7-311), Hon., HI 96817 or FAX (808) 845-2679.

_____   _____ _____
Student's Last Name   First Name, M.I.   Birthdate

_____   _____, HI _____
Mailing Address   City   Zip Code

_____
Phone   (please circle: home/work/cell)

► **ACADEMIC ACCOMMODATIONS:**

Accommodations are not guaranteed and are determined on an individualized basis after assessing documentation of disability and limitations. Documentation should be provided by a professional trained in the particular area of the disabling condition(s). Documentation verifies and substantiates a student's request for an accommodation(s) and in general includes the following:

- Identifies the nature and extent of the disability or disabling condition(s).
- Provides specific information on the functional limitations in relation to the academic environment.
- Be current within 5 years (individual had to be at least 16 years old at time of testing) for learning disabilities; within 6 months for psychiatric disabilities; within 3 years for ADHD and all other disabilities.
- Prognosis, description, and current course of treatment (including medical side affects, if any).
- Educational, developmental, and medical history relevant to the disability for which accommodations are being requested.
- Potential reasonable accommodations (While HCC has no obligation to provide or adopt recommendations made by outside entities, this information is an important part of the process in determining reasonable academic accommodations for the student)

Diagnosis or Condition:_____

_____._____

_____

☐ Conditions/Limitations   ☐ Permanent   ☐ Temporary until _____

☐ Medication(s):_____

☐ Condition(s) impacts student's ability to: _____

_____

_____

_____

_____

☐ Recommendations: _____

_____

☒ **Please provide any supporting documents if available (psychological testing/LD assessments/Case conference notes or summaries to help us gain better insight into the condition and how to assist individual in academic arena).**

EXAMINING PROFESSIONAL TO SIGN

As the examining professional with specialty in _____, I attest the above to be true.

X_____
Physician's Signature   Title   Date   Official Stamp

Received _____