

The **Professional** Cosmetology Academy

DISABILITY VERIFICATION FORM

Letter to Treating Professional

Private & Confidential

Dear Health Professional:

The patient named on the attached *The Professional Cosmetology Academy* **Disability Verification Form** has requested that his or her disability be verified. This documentation is for the purpose of making him or her eligible for disability-related services and is required by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA).

Locate the **eligible conditions** and the **authorized health professionals** who may verify them and sign the Disability Verification Form on the attached Disability Definitions and Documentation, page 4.

INSTRUCTIONS:

1. Items 1–6 — **These items on the Disability Verification Form must be completed.**
2. Item 2 — **At least one “major life activity”** limitation must be checked in order for the student to be eligible.
3. The Disability Verification Form **must be completed and signed by the health professional** qualified to diagnose and treat the specific condition. (Refer to the attached Disability Definitions and Documentation.)
4. **Please return the Disability Verification Form**, along with any medical, psychological, and/or educational documentation, to the address below or e-mail it to **admissions@tpcalaredo.com**.

The Professional Cosmetology Academy

Attn: Admissions

1407 Calle Del Norte Ste 116

Laredo, TX 78041

Please indicate any restrictions or other recommendations, if appropriate.

The completed Disability Verification Form must be returned to the school's Admissions Department before the student can receive disability-based accommodations.

Thank you for your prompt attention on behalf of your patient. If you have questions, please call our admissions office at (956) 744-6139, extension 2.

Respectfully,

The Professional Cosmetology Academy
Admissions Office

The Professional Cosmetology Academy
1407 Calle Del Norte Ste 116 · Laredo, TX 78041
T 956.744.6139 · Info@TPCALaredo.com
www.TPCALaredo.com

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Instructions To Student:

In order to receive disability-related services at The Professional Cosmetology Academy, a student must submit the Disability Verification Form documenting a physical and/or psychological disability. The Disability Verification Form must be completed and signed by a licensed/certified professional qualified to diagnose and treat the condition(s).

- Step 1:** Print this packet, which includes six pages.
- Step 2:** Complete the Student Information section on the Disability Verification Form [Page 3].
- Step 3:** Provide this packet to your treating professional to complete the Disability Verification Form [Page 3 & 4].
- Step 4:** Complete the Student Request for Reasonable Accommodations [Page 6].
- Step 4:** Return the completed packet.

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Section A: STUDENT INFORMATION

Name (Last Name, First Name, MI)

Birthdate / / Age Last 4 Digits of S.S.# (If Applicable)

Address Apt No.

City State Zip Code

Country, if not USA

Cell Phone No. Alternative Phone No.

E-mail:

Section B: TO BE COMPLETED BY LICENSED OR CERTIFIED PROFESSIONAL

Name (Last Name, First Name, MI)

Address Ste No.

City State Zip Code

Cell Phone No. Alternative Phone No.

E-mail:

Please provide the following information in full in order to qualify the student for eligibility and help us determine reasonable educational and physical accommodations:

1. Diagnosis (Dx):

Dx A:

Dx B:

If applicable, DSM IV Code:

Severity: Moderate Severe Residual/Remission

2. This condition substantially limits the following major life activities: Check (✓) all that apply. (This section is required.)

Moving Walking Manual Tasks Bending Standing Lifting

Breathing Concentrating Seeing Reading Hearing Communicating

Sleeping Eating Caring for Self

3. Does it impact any of the following? (Optional)

Stamina Forming/Executing Plans Social Interaction Overcoming Obstacles Memory

4. List other limitations/information helpful in determining accommodations in an educational setting:

5. Condition is: Stable Prone to Exacerbation

6. Duration of Disability: Permanent/Chronic Temporary/Acute

If temporary, select one: ≥ 45 Days ≤ 45 Days Expected duration:

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Comments (If Applicable):

I understand the information provided will become part of the student record subject to the Federal Family Education Rights and Privacy Act of 1974 and may be released to the student on his or her written request.

Signature

Title/Lic. #:

Date

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DISABILITY VERIFICATION FORM

Disability Definitions & Documentation

Eligibility for disability services is based on an individual's condition, which must: 1) fall within the diagnostic categories listed below; 2) impair a major life activity, and 3) pose an educational limitation for which accommodation is required and appropriate.

The Professional Cosmetology Academy uses the information requested on the Disability Verification Form to determine a student's eligibility to receive authorized special services for students with documented disabilities and potentially bridge the student with additional community resources that may prove useful in meeting any unmet needs.

Disability	Community College Definition*	Qualified Professionals
Physical Disability	Visual, mobility, or orthopedic impairment	M.D., O.D.
Visual Impairment	Total or partial loss of sight: in best eye, with best correction, 20/200=legal blindness or 20/70 =partial sight	M.D., Ophthalmologist, Optometrist
Mobility, Orthopedic Impairment	Serious limitation in locomotion or motor function	M.D, O.D., see comments
Hearing Impairment	Loss of hearing, which impedes the communication process essential to language, educational, social, and/or cultural interactions	Audiologist, M.D.
Deaf	Requires use of communication mode other than oral, including sign language	Audiologist, M.D.
Hard of Hearing	1) Severe=avg. loss in better ear, 55 db.; 2) Mild-Moderate=avg. unaided loss in better ear 35-54 db.; aided 20-54 db. or greater; 3) Speech discrimination less than 50%; 4) Documentation of rapid loss	Audiologist, M.D.
Speech & Language Impairment	Speech/language disorders of voice, articulation, rhythm and/or the receptive and expressive language processes	Licensed Speech Professional
Learning Disabilities	Cognitive ability test standard scores (usually WAIS III or WJ III), Achievement test standard scores (usually the WJ III or the WIAT II)	PhD Psychologist, College LD Specialist, Other appropriate professionals
Acquired Brain Impairment	Deficit in brain functioning caused by external or internal trauma, resulting in loss of cognitive, communicative, motor, psychosocial, and/or sensory-perceptual abilities	M.D. neurologist, neuropsychologist
Developmentally Delayed Learner	A DDL student is one who exhibits the following: a) below average intellectual functioning; and b) potential for measurable achievement in the instructional setting	Submit test results or regional center certification
Psychological Disability	Persistent psychological or psychiatric disorder, or emotional or mental illness, moderate or severe on Axis I or II in the DSM, interferes with a major life function, poses an educational limitation	Psychiatrist; PhD psychologist, LMFT or LCSW (indicate license number)
ADD/ADHD	Meets the DSM diagnostic criteria and poses an educational limitation	Psychiatrist; PhD psychologist, LMFT or LCSW (indicate license number)
Other Disabilities	Health conditions that limit a major life activity, present an educational limitation, and require support services or instruction	Licensed certified professional who is legally qualified to diagnose the disability in question

For further information on qualifying disabilities and/or signature and documentation requirements, contact the admissions office at (956) 744-6139, option 2.

Personal information recorded on the Disability Verification Form will be kept confidential in order to protect against unauthorized disclosure. Portions may be shared with The Professional Cosmetology Academy or other state or federal agencies, in such a manner as to comply with applicable statutes regarding confidentiality, including the Family Educational Rights & Privacy Act (20 U.S.C. 1232(g) pursuant to Sect. 7 of the Federal Privacy Act (P.L. 93-578, 5 U.S.C. 552a, note). The information is collected pursuant to Section 504 of the Rehabilitation Act and the Americans with Disabilities Act (ADA).

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Student Request for Reasonable Accommodations

Once you have completed the form, please provide it to either the Director of Education (or Designate) or Admissions Office.

Identify your condition(s) and indicate how you believe each condition affects your ability to perform the requirements of the course:

State the accommodations that you are requesting:

List all possible alternative accommodations:

Requesting Student's Name (Print)

Requesting Student's Signature

Date

I authorize and request the academy's Director of Education (or Designate) or the school Director to consider this request for accommodations and copies of all documentation provided in connection with this request and, only as they deem necessary for the evaluation and/or implementation of my eligibility/accommodation, to consult with other educational, medical, or psychological professionals, disclosing such information as (s)he or they deem(s) relevant for consultation. I consent to the designated administrator discussing this request and all evaluations and assessments pertinent to my disability with any diagnosing/evaluating professionals.

NOTE: This request cannot be acted upon until you provide sufficient documentation of disability and need for accommodation. This request and all supporting documents should be delivered in person or by email to the academy's Director of Education (or Designate), Maria Amparo Andrews at Amparo.Andrews@TPCALaredo.com.

Official Use Only:

Receipt of Request Date