MARICOPA COMMUNITY COLLEGES

Title II WEB ACCESSIBILITY WCAG 2.1 LEVEL AA DISCLAIMER

Disclaimer: This content is archived web content, created **before** the new Title II web accessibility rule effective date of April 2026. This content is not required to meet WCAG 2.1 level AA standards. This content is kept for reference, research, or recordkeeping purposes, is kept under an archived content section, and will not be updated or used for access or participation. Maricopa Community Colleges will provide an accessible version upon request.

Disability Verification Form

Paradise Valley Community College - 18401 N 32nd Street Phoenix, AZ 85032

Disability Resources and Services (DRS) provides academic services and accommodations for students with diagnosed disabilities. The documentation provided regarding the disability diagnosis must demonstrate a disability covered under Section 504 of the Rehabilitation Act of 1973 and Title II of the Americans with Disabilities Act (ADA) of 1990, as amended (2008). The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities.

1. The healthcare professional(s) conducting the assessment and/or making the diagnosis must meet Maricopa requirements for documentation. These persons are generally trained, certified, or licensed to diagnose medical conditions. https://district.maricopa.edu/regulations/admin-regs/section-2/2-8
2. All parts of the form must be completed as thoroughly as possible. Inadequate information, incomplete answers, and/or illegible handwriting will delay the eligibility review process by necessitating follow up contact for clarification. It is recommended that this form be completed by providing the information in this form.
3. The information you provide will be kept in the student's DRS file where it will be held securely and confidentially.
4. If you have questions regarding this form, please call Disability Resources and Services at the campus where you are registered for services.
5. Important: After documentation is reviewed, Disability Resources and Services will send an email notification to the student's Maricopa email account, (MEID@maricopa.edu), acknowledging receipt of documentation and the student's eligibility status.

We understand you may wish to submit a letter instead. The letter **must** be on letterhead, **with the date and a signature**, and must include the following:

- A diagnostic statement identifying the disability (including the date of the diagnosis)
- Current severity/impact of the disability (mild/moderate/severe)
- An assessment of major life activities that are impacted by the disability (e.g., learning, concentration, class attendance, social interactions, reading, walking, etc.)
- Specific recommendations for accommodations.

The Maricopa County Community College District (MCCCD) is an EEO/AA institution and an equal opportunity employer of protected veterans and individuals with disabilities. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, sexual orientation, gender identity, age, or national origin. A lack of English language skills will not be a barrier to admission and participation in the career and technical education programs of the District.

The Maricopa County Community College District does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs or activities. For Title IX/504 concerns, call the following number to reach the appointed coordinator: (480) 731-8499. For additional information, as well as a listing of all coordinators within the Maricopa College system, visit www.maricopa.edu/non-discrimination.

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Student Information (To be Completed by student)

First name: _____ Middle: _____ Last: _____

Date of Birth: _____ MEID: _____

Status (check one) Current student Transfert student Prospective student

Local Phone _____ Cell Phone: _____

Address *(No., Street)*: _____

City: _____ State: _____ ZIP Code: _____

If current Maricopa student, email address : _____ @maricopa.edu

Other email address: _____

Diagnostic Information (Please print legibly)

1. Date of Diagnosis: _____ Date of Last Evaluation: _____
2. Primary Diagnosis (DSM/ICD codes): _____
3. Secondary Diagnosis (DSM/ICD codes): _____
4. What is the severity of the disorder? Mild Moderate Severe
5. Please state the medication or treatment plan the student is currently prescribed:

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6. Major Life Activities Assessment:

Life Activity	Negligible	Moderate	Substantial	Not Sure
Concentrating				
Memory				
Eating				
Social Interactions				
Self-care				
Regular Class Attendance				
Speaking				
Learning				
Reading				
Thinking				
Communicating				
Keeping Appointments				
Stress Management				
Managing Inter-nal Distractions				
Managing External Distractions				
Sleeping				
Organization				

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7. In addition to the major life activities that are indicated above, please describe any activities that may be impacted by the disability or symptoms that may need to be addressed in the college environment:

8. Please state specific recommendations regarding academic accommodations for this student:

9. Please add any additional comments that you feel appropriate:

HealthCare Provider Information

Please sign and date below and completely fill in all other fields using PRINT

Provider Name: _____ Title: _____

Licence or Certificate: _____

Address *(No., Street)*: _____

City: _____ State: _____ ZIP Code: _____

Phone Number: _____

Email: _____

Provider Signature: _____ Date: _____