



Disability Verification Form

LETTER TO TREATING PROFESSIONAL

Date:

Dear Health Professional:

The patient named on the attached Paul Mitchell The School Tinley Park **Disability Verification Form** has requested that his or her disability be verified. This documentation is for the purpose of qualifying him or her as 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 1–5 — 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 by mail**, unless requested otherwise by the student. *(Attach any medical, psychological, and/or educational documentation.)*

Paul Mitchell The School Tinley Park
Katie Cuzzo
18454 South West Creek Drive, Tinley Park, IL 60477

Please indicate any restrictions or other recommendations, if appropriate.

The completed Disability Verification Form must be returned to the school’s ADA coordinator 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 school’s ADA coordinator at (708) 478-6907 .

Sincerely,

Katie Cuzzo
Paul Mitchell The School Tinley Park

ADA Coordinator



Disability Verification Form

INSTRUCTIONS TO STUDENT:

In order to receive disability-related services at Paul Mitchell The School Tinley Park, 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:** Complete the Student Information section of the Disability Verification Form, page 3, either online prior to printing *or* print the Disability Verification Form and complete the section by hand.
- STEP 2:** Print this material (*four pages*), which includes the letter, the instructions, the form, and the disability definitions.
- STEP 3:** Provide this material to your treating professional.



Disability Verification Form

DISABILITY DEFINITIONS AND DOCUMENTATION

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

Paul Mitchell The School Tinley Park

uses the information requested on the Disability Verification Form for the

purpose of determining a student's eligibility to receive authorized special services provided by the Disabled Students Programs and Services.

Disability	Community College Definition*	Qualified Professionals	Important Notes
Physical Disability	Visual, mobility, or orthopedic impairment	MD, OD	
Visual Impairment	Total or partial loss of sight: in best eye, with best correction, 20/200=legal blindness or 20/70 =partial sight	MD, ophthalmologist, optometrist	
Mobility, Orthopedic Impairment	Serious limitation in locomotion or motor function	M.D, O.D., see comments	DC accepted for disabilities related to the back
Hearing Impairment	Loss of hearing, which impedes the communication process essential to language, educational, social, and/or cultural interactions	Audiologist, MD	Submit the Disability Verification Form and audiogram within the past year
Deaf	Requires use of communication mode other than oral, including sign language	Audiologist , MD	Submit the Disability Verification Form and audiogram within the past year
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 percent 4. Documentation of rapid loss	Audiologist, MD	Submit the Disability Verification Form and audiogram within the past year
Speech and Language Impairment	Speech/language disorders of voice, articulation, rhythm, and/or the receptive and expressive language processes	Licensed speech professional	NOT caused by acquired brain injury, physical, psychological, or hearing impairments
Learning Disabilities	Cognitive ability test standard scores (usually WAIS III or WJ III), achievement test standard scores (usually the WJ III or the WJAT II)	PhD psychologist, college learning disability specialist, other appropriate professional	Submit the verification documents from the past year
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	MD neurologist, neuropsychologist	Submit recent neuropsych report, if available; not applicable: conditions induced or present at birth, or progressive and/or degenerative in nature
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	Submit the verification documents from the past year
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)	Not qualified: DSM V codes, developmental disorders, sexual behavior disorders, compulsive gambling, kleptomania, pyromania, and psychoactive substance abuse disorders resulting from current illegal use
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	Examples include, but are not limited to: heart conditions, renal failure, tuberculosis, AIDS, diabetes

For further information on qualifying disabilities and/or signature and documentation requirements, contact the school's ADA coordinator at

(708) 478-6907

Personal information recorded on the Disability Verification Form will be kept confidential in order to protect against unauthorized disclosure. Portions may be shared with Paul Mitchell Schools 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).



Request for Reasonable Accommodations

Name: _____
Last First Middle Initial

Once you have completed the Disability Verification Form, submit it to the School Director or ADA coordinator.

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

State the accommodation requested:

List all possible alternative accommodations:

Applicant Signature: _____ Date: _____

Receipt of request date: _____

(The School Director or ADA coordinator must complete the request date.)