



Pitt Community College

Office of Accessibility Services

PO Drawer 7007 Greenville, NC 27835

Phone: 252-493-7285

Fax: 252-321-4345

ADA & ADA A Disability Verification Form

Pitt Community College is committed to compliance with the Americans with Disabilities Act (1990) and the Americans with Disabilities Amendments Act (2008). The purpose of this form is to assist Pitt Community College in determining whether, or to what extent, a reasonable accommodation will allow a student access to equal opportunity in educational pursuits.

To be completed by the student:

Name: _____

By my signature below I hereby authorize my health care provider _____ to furnish the following information to the Office of Accessibility Services at Pitt Community College. I further agree that the Director of Accessibility Services may contact my health care provider named above to obtain additional information related to my limitations and recommended accommodations. I understand that relevant information obtained may be shared with the Assistant Dean, Counseling & Student Services, if involved in assisting with the establishment of reasonable accommodations.

Signature

Date

According to the Americans with Disabilities Amendments Act, *major life activities* may include but are not limited to the following, please check all that are impacted by the physical or mental impairment of the student:

- | | |
|---|--|
| <input type="checkbox"/> caring for oneself | <input type="checkbox"/> bending |
| <input type="checkbox"/> performing manual tasks | <input type="checkbox"/> speaking |
| <input type="checkbox"/> seeing | <input type="checkbox"/> breathing |
| <input type="checkbox"/> hearing | <input type="checkbox"/> learning |
| <input type="checkbox"/> eating | <input type="checkbox"/> reading |
| <input type="checkbox"/> sleeping | <input type="checkbox"/> concentrating |
| <input type="checkbox"/> walking | <input type="checkbox"/> thinking |
| <input type="checkbox"/> standing | <input type="checkbox"/> communicating |
| <input type="checkbox"/> lifting | <input type="checkbox"/> working |
| <input type="checkbox"/> operation of a major bodily function | |

Does the student's physical or medical impairment significantly impact any of the following school-related activities?

- understanding lectures
- concentrating during class
- taking notes in class
- participating in class
- communicating with instructors
- communicating with peers
- completing assignments
- taking exams
- reading materials for class

Please list any other impact not listed above:

Given the limitations described above and your knowledge of the academic activities of the student, what accommodations do you recommend that will enable the individual to perform the essential functions of these activities?

Provider Information:

Provider Name: _____

Practice Address: _____

Telephone # (____) _____

Fax# (____) _____

Provider Signature

Date