

**WEST VALLEY COLLEGE**  
**DESP/DISABILITY VERIFICATION FORM**  
DISABILITY AND EDUCATIONAL SUPPORT PROGRAM

TO: \_\_\_\_\_ DATE: \_\_\_\_\_

FROM: \_\_\_\_\_

Printed Name

ADDRESS: \_\_\_\_\_

D.O.B: \_\_\_\_\_ SS#: \_\_\_\_\_

*I am requesting that you provide verification of my disability and limitations in order for me to receive disability-related services at West Valley College. Please send the completed form to:*

**West Valley College/Disability and Educational Support Program**  
**14000 Fruitvale Avenue Saratoga, CA 95070 Phone (408) 741-2010 Fax (408)867-4882**

1. Current diagnosis (DSM IV code and severity as applicable)

2. Condition is:             permanent                       temporary (estimated duration.....)  
                                  observable                         not observable  
                                  stable                                 prone to exacerbation

3. Please describe how the condition substantially limits major life activities.

*I understand that the information provided by the verifying professional will become part of the student record, and may be released to the student upon written request.*

Printed name of professional: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature of licensed professional \_\_\_\_\_

License # \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

I hereby certify this student is eligible for DESP Services based on:  
 Observation by DESP professional staff with review by the DESP Coordinator  
 Assessment by appropriate DESP professional staff  
 Review of Documentation provided by appropriate agencies or certified or licensed professional outside of DESP

P = Primary      S – Secondary  
 ABI     Hearing     Mobility     Psych     Visual     DDL  
 L.D.     Other     Speech     Non Claimable

The Community College District uses the information requested on this form for the purpose of determining a student's eligibility to receive authorized special services provided by the Disability and Educational Support Program (DESP). Personal information recorded on this form will be kept confidential in order to protect against unauthorized disclosure. Portions of this information may be shared with the Chancellor's Office of the California Community Colleges or other state or federal agencies; however disclosure to these parties is made in strict accordance with applicable statutes regarding confidentiality, including the Family Educational Rights and Privacy Act (20 U.S.C. 1232 (g) 0/ Pursuant to Section 7 of the Federal Privacy Act (Public Law 93-597; 5 U.S.C 552a, note), providing your social security number is voluntary. The information on this form is being collected pursuant to California Education Code Sections 67310-67312, and 84850: and California Code of Regulations, Title 5, Section 56000 et seq.