



Client/Patient Name:

DOB:

### ACCESSIBILITY SERVICES

#### HEALTH/PHYSICAL/VISUAL/HEARING DISABILITY VERIFICATION REPORT

To provide adequate classroom accommodations to the students of West Georgia Technical College who present with a medical, physical, or health related disability, and who request assistance through the Accessibility Services office, the information on this document is needed. It is at the student’s discretion to request directly to their physician, ophthalmologist, audiologist, or other medical professional the completion of this report. The individual completing this report must have direct knowledge of the student’s limitations and is not a relative of the student. The information provided is confidential and is used to determine eligibility. This report is deemed invalid if the licensing credentials and the professional title of the treating physician or medical professional is not included on the form. Please attach audiograms and visual acuity exams, if applicable.

<b>DATE:</b>
<b>CLIENT/PATIENT NAME:</b>
<b>DATE OF BIRTH:</b>
<b>Is patient receiving medical care at this time? Yes No</b>
<b>DIAGNOSIS/DIAGNOSES:</b>
<b>DATE OF DIAGNOSIS:</b>
<b>MAJOR LIFE ACTIVITIES IMPACTED:</b>
•
•
•
<b>EFFECTS ON ACADEMIC PERFORMANCE:</b>
•
•
•
•
•
<b>LIST OF MAJOR SYMPTOMS CURRENTLY MANIFESTED:</b>
•
•
•
<b>DATE OF LAST TREATMENT VISIT:</b>
<b>IS THE DIAGNOSIS/DIAGNOSES PERMANENT? Yes _____ No _____</b>

**Adamson Square**  
401 Adamson Square  
Carrollton, GA 30117  
678.664.0400

**Carroll Campus**  
997 South Highway 16  
Carrollton, GA 30116  
770.836.6800

**Coweta Campus**  
200 Campus Dr.  
Newnan, GA 30263  
770.755.7800

**Douglas Campus**  
4600 Timber Ridge Dr.  
Douglasville, GA 30135  
770.947.7200

**LaGrange Campus**  
1 College Circle  
LaGrange, GA 30240  
706.845.4323

**Murphy Campus**  
176 Murphy Campus Blvd.  
Waco, GA 30182  
770.537.6000

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<b>LIST OF MEDICATIONS AND IMPACT ON LEARNING/CLASSROOM BEHAVIORS:</b>	
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•	
•	
•	
•	
<b>RECOMMENDED CLASSROOM ACCOMMODATIONS:</b>	
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<b>Additional comments:</b>	
<b>Does student have any physical restrictions?</b>	
<b>SIGNATURE WITH TITLE OF PROFESSIONAL:</b>	
<b>DATE OF SIGNATURE:</b>	
<b>NAME OF BUSINESS:</b>	
<b>ADDRESS:</b>	
<b>PHONE NUMBER:</b>	
<b>STATE OF LICENSE:</b>	<b>LICENSE NUMBER:</b>

Please include a copy of the business card of the person who completed the report. If the professional who completed the form doesn't have a business card, please include a signed letter on their letterhead stating that there is no business card available.



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West Georgia Technical College has the right to confirm the credentials of the person who signed the above form. Any misrepresentation can result in the disqualification of services to the student.

As set forth in its student catalog, West Georgia Technical College does not discriminate on the basis of race, color, creed, national or ethnic origin, sex, religion, disability, age, political affiliation or belief, genetic information, veteran status, or citizenship status (except in those special circumstances permitted or mandated by law). The following persons have been designated to handle inquiries regarding the non-discrimination policies: Equity (Title IX) Coordinator, Dean of Students, 770.537.5722, 176 Murphy Campus Blvd., Waco, GA 30182. ADA (Section 504) coordinator is V.P. of Administrative Services, 678.664.0533, 401 Adamson Square, Carrollton, GA 30117.

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