BROWARD COLLEGE | ACCESSIBILITY RESOURCES

North Campus
1000 Coconut Creek Blvd., Coconut Creek, FL 33066
Phone 954-201-2313 | Fax 954-201-2489

Autism Spectrum Disorders Verification Form

Student Name and ID Number: _____

Date of Birth: _____ Phone: _____ BC Email: _____

The following information is to be completed by a qualified health professional and either returned directly to Accessibility Resources or the student. This information will be used to assist Broward College in determining appropriate accommodations.

Specific Diagnosis on the Spectrum _____

Diagnostic Code _____

Circle One: Mild Moderate Severe

Date of Diagnosis _____

Please attach any information that will assist Broward College with determining appropriate accommodations for this student, such as case notes, direct observations, psychological evaluations, or other test results.

_____ _____

Signature Date

_____

Print Name, Title, License Number

_____

Address and Phone Number