DISABILITY RESOURCE SERVICES
Division of Student Affairs
One University Circle, Library 150A | Turlock, CA 95382
Office: 209.667.3159 | Fax: 209.667.3585 | Email: drs@csustan.edu
Web: https://www.csustan.edu/disability-resource-services

Disability Verification Form

Student ID#:____________

Student's First Name:________________________ Student's Last Name:____________________________

The student named above may be eligible for reasonable academic accommodations through Disability Resource Services (DRS). In order to determine eligibility and to provide appropriate services, we require verification of the student's disability. The more complete the information you can provide, the more helpful it will be in determining the nexus between the student's functional limitation(s) and requested reasonable accommodation(s).

To establish eligibility, documentation must indicate a specific disability exists, and the identified disability limits one or more major life activities in an academic setting. DRS will use information provided from you to augment conversations with this student, establish the presence of disability and support the reasonableness of requested accommodations. Documentation may be presented by professionals qualified to diagnose and treat the student's disability.

After completing this form, please FAX to (209) 667-3585, mail or bring it to our office. Please contact us if you have any questions. DRS may contact you for additional information to support the student's request for accommodations. Thank you for your assistance.

Certifying Professional Name (Type or print): _____________________________ Signature:_______________

Title:__________________ Organization:________________________ License #:______________________

Address:__________________________ City:_____________________ State: ______ Zip:______________

Phone number:___________________ Fax:________________ E-mail:_______________________________

Indicate the student's disability (e.g. diagnosis or condition):

Date of Diagnosis: ______________________________

How often do you see the student? ____

Date of Last Visit: ______________________

This disability is considered: Permanent Temporary – until date: _________________

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How did you arrive at this diagnosis?

Review of Medical Records

Rating Scales (i.e., Beck Depression Scale etc.)

Psychoeducational Evaluation

Comprehensive Diagnostic Evaluation

Clinical Interview

Other:

Disability/Major Life Activity Limitation Assessment

Please select all that apply and describe functional limitations:

LIMITATION is: 1= Unable to determine 2 = Mild 3= Severe

Major Life Activity	Description	1	2	3
Caring for Oneself				
Speaking				
Hearing				
Breathing				
Seeing				
Walking/Standing				
Lifting/Carrying				
Sitting				
Performing Manual tasks				
Eating				
Working				
Interacting with Others				
Sleeping				
Fatigue				

Major Life Activity	Description	1	2	3
Pain				
Reading				
Writing				
Spelling				
Quantitative Reasoning				
Math Calculating				
Processing Speed				
Memorizing				
Concentrating				
Following Directions				
Impulsive Behavior				
Organizational Skills				
Other:				
Other:				

Please provide information as to how the disability may impact the student in an academic setting:

Does the student require adaptive equipment to successfully perform routine tasks? Please explain:

If the student is taking medication(s), please describe any side effects that may impact the student in an academic setting:

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If the treatment or symptoms may result in an absence from campus, please describe the frequency and duration of events: (e.g. “misses class twice per month for up to two full days”; “may require hospitalizations about twice yearly up to 7 days in duration”)

Is the condition stable, cyclical or episodic in nature? Include environmental triggers and information on interventions:

Please add any additional information:

Please attach additional pages as necessary, including results of pertinent evaluations (e.g. audiograms, vision evaluations, psycho-educational or neuropsychological evaluations etc.)