

Verification of Disability for Students with Physical and Medical Disabilities

A patient/client of yours has requested disability-related services from the Office of Disability Services at La Sierra University. Legal protection and eligibility for such services is based on an individual providing sufficient information to conclude that he or she has an impairment that **substantially limits** one or more major life activities. As this student's treating specialist, you are asked to provide the following information to allow the university to consider this student's service request(s).

1. Patient/Student Name: _____

2. The Condition of the Patient/Student:
 - a. What is the diagnosis/impairment? (When appropriate include the ICD or DSM codes. _____

 - b. When was the diagnosis originally made? _____

 - c. What is the level of severity? Mild Moderate Severe

 - d. Is the patient/student currently under your care? Yes No

 - e. When did you last see the patient/student? _____

 - f. What is the duration of the disability?
 Permanent
 Chronic/recurring (*Likely to last for duration of college attendance.*)
 Temporary – **Date disability will end:** _____ (*Accommodations not necessary after this date.*)

3. Please list the procedures/assessments used to diagnosis this student's condition.

4. What are the present symptoms that the student/patient is experiencing?

5. What treatment and/or medications are currently being used?

6. What are the functional limitations of the disability that will substantially impact this person in a university environment? Functional limitations refer to the manifestations of the disability that impede the individual's ability to function as compared to the average person. A college environment would include activities such as taking classes, the amount of credits (12 units = full-time), studying, taking exams, getting around campus, using a computer, interacting with faculty and students, etc.

(Diagnostician may provide a narrative or may complete the checklist on back.)

Evaluate the individual's limitation of a major life activity:

Major Life Activity	1=Unable to Determine	2=Mild	3= Substantial
Talking			
Hearing			
Seeing			
Walking/Standing			
Sitting			
Working			
Interacting with Others			
Learning			
• Reading			
• Writing			
• Spelling			
• Concentrating			
• Memorizing			
• Listening			
Other:			

7. How does this condition (or the effects of medication) limit this student's ability to learn or to meet the demands in a university setting?

8. What are your recommended accommodations that might be appropriate at the college level? These recommendations must be supported by the diagnosis and current symptoms.

9. Certifier Information:

Clinician Name (print) _____

Medical Specialty _____

License _____

Address _____

Phone _____

Email _____

Signature _____

Date _____

Please send this completed form and any additional information to:

Tammy Tucker, Director
 Office of Disability Services
 4500 Riverwalk Parkway
 Riverside, CA 92515-8247
 951-785-2412 (voice); 951-785-2450 (FAX)
 Email: jrasmuss@lasierra.edu

Thank you for taking the time to provide us with this information. We look forward to working with this student and the information you have provided us will enable us to provide appropriate accommodations. If you have any questions, please do not hesitate to contact our office. Thank you.