



Disability Resource Center

3801 W Temple Avenue, 9-103

Pomona, CA 91768

Phone: (909) 869-3333

FAX: (909) 869-3271

Email: drc@cpp.edu

<http://www.cpp.edu/~drc/>

Verification of Disability

SECTION 1: STUDENT IDENTIFYING INFORMATION

Student must complete this section ONLY.

NAME (FIRST, LAST): _____ DATE OF BIRTH (MM/DD/YYYY): _____

DISABILITY: _____

SECTION 2: PROFESSIONAL CERTIFICATION

For the student to be eligible for academic accommodations, the DRC must have written verification from a Certified Clinical/Medical Professional qualified to evaluate the disability as stated above.

CERTIFIED CLINICAL/MEDICAL PROFESSIONAL PRINTED NAME

TODAY'S DATE

CERTIFIED CLINICAL/MEDICAL PROFESSIONAL SIGNATURE

PROFESSIONAL TITLE & LICENSE #

BOARD CERTIFICATION/AREA OF SPECIALIZATION /POSITION TITLE

NAME OF ORGANIZATION

STREET ADDRESS

CITY

STATE

ZIP

() _____
PHONE

() _____
FAX

EMAIL

SECTION 3: DIAGNOSTIC INFORMATION

FOCUS OF CLINICAL TREATMENT: _____

DSM-5 DIAGNOSIS (WITH SUBTYPES AND/OR SPECIFIERS): _____

PROGNOSIS/ANTICIPATED DURATION: PERMANENT/CHRONIC INTERMITTENT TEMPORARY; EXPECTED TO LAST: _____

DATE OF DIAGNOSIS (MM/DD/YYYY): _____

DATE PATIENT WAS FIRST SEEN FOR THIS CONDITION: _____ LAST SEEN FOR THIS CONDITION: _____

HEARING IMPAIRMENT:	<input type="checkbox"/> DEAF <input type="checkbox"/> HARD OF HEARING	(PLEASE ATTACH A RECENT AUDIOGRAM) DECIBEL LOSS: LEFT _____ RIGHT _____
VISUAL IMPAIRMENT:	<input type="checkbox"/> LEGALLY BLIND <input type="checkbox"/> LOW VISION	VISUAL ACUITY: LEFT _____ RIGHT _____

SECTION 4: FUNCTIONAL ASSESSMENT

DISABILITY-RELATED: CURRENT FUNCTIONAL LIMITATIONS ON ACADEMIC PERFORMANCE					
CONFUSION/ THOUGHT DISORDER	NONE <input type="radio"/>	MILD <input type="radio"/>	MODERATE <input type="radio"/>	SEVERE <input type="radio"/>	CANNOT EVALUATE <input type="radio"/>
IMPAIRED ALERTNESS	NONE <input type="radio"/>	MILD <input type="radio"/>	MODERATE <input type="radio"/>	SEVERE <input type="radio"/>	CANNOT EVALUATE <input type="radio"/>
IMPAIRED CONCENTRATION	NONE <input type="radio"/>	MILD <input type="radio"/>	MODERATE <input type="radio"/>	SEVERE <input type="radio"/>	CANNOT EVALUATE <input type="radio"/>
IMPAIRED PERFORMANCE ON TIMED TASKS	NONE <input type="radio"/>	MILD <input type="radio"/>	MODERATE <input type="radio"/>	SEVERE <input type="radio"/>	CANNOT EVALUATE <input type="radio"/>
AGITATION/ IMPAIRED EMOTIONAL REGULATION	NONE <input type="radio"/>	MILD <input type="radio"/>	MODERATE <input type="radio"/>	SEVERE <input type="radio"/>	CANNOT EVALUATE <input type="radio"/>
IMPULSIVITY	NONE <input type="radio"/>	MILD <input type="radio"/>	MODERATE <input type="radio"/>	SEVERE <input type="radio"/>	CANNOT EVALUATE <input type="radio"/>
IMPAIRED JUDGMENT	NONE <input type="radio"/>	MILD <input type="radio"/>	MODERATE <input type="radio"/>	SEVERE <input type="radio"/>	CANNOT EVALUATE <input type="radio"/>
INABILITY TO SIT FOR EXTENDED TIME	NONE <input type="radio"/>	MILD <input type="radio"/>	MODERATE <input type="radio"/>	SEVERE <input type="radio"/>	CANNOT EVALUATE <input type="radio"/>
DIFFICULTY SUSTAINING PHYSICAL ENERGY OVER EXTENDED TIME	NONE <input type="radio"/> +6 HRS	MILD <input type="radio"/> +4 HRS	MODERATE <input type="radio"/> 2-4 HRS	SEVERE <input type="radio"/> < 2 HRS	CANNOT EVALUATE <input type="radio"/>
IMPAIRED MOTOR COORDINATION OR	NONE <input type="radio"/>	MILD <input type="radio"/>	MODERATE <input type="radio"/>	SEVERE <input type="radio"/>	CANNOT EVALUATE <input type="radio"/>
DIFFICULTY CLIMBING STAIRS	NONE <input type="radio"/>	MILD <input type="radio"/>	MODERATE <input type="radio"/>	SEVERE <input type="radio"/>	CANNOT EVALUATE <input type="radio"/>
DIFFICULTY MOVING AROUND CAMPUS	NONE <input type="radio"/>	MILD <input type="radio"/>	MODERATE <input type="radio"/>	SEVERE <input type="radio"/>	CANNOT EVALUATE <input type="radio"/>
OTHER:	NONE <input type="radio"/>	MILD <input type="radio"/>	MODERATE <input type="radio"/>	SEVERE <input type="radio"/>	CANNOT EVALUATE <input type="radio"/>

HISTORY OF AT-RISK BEHAVIORS (SUICIDALITY, ETC.):

ADDITIONAL NOTES/COMMENTS BY CERTIFIED PROFESSIONAL:

MEDICATION-RELATED: CURRENT FUNCTIONAL LIMITATIONS ON ACADEMIC PERFORMANCE					
CONFUSION	NONE <input type="radio"/>	MILD <input type="radio"/>	MODERATE <input type="radio"/>	SEVERE <input type="radio"/>	CANNOT EVALUATE <input type="radio"/>
IMPAIRED CONCENTRATION	NONE <input type="radio"/>	MILD <input type="radio"/>	MODERATE <input type="radio"/>	SEVERE <input type="radio"/>	CANNOT EVALUATE <input type="radio"/>
AGITATION	NONE <input type="radio"/>	MILD <input type="radio"/>	MODERATE <input type="radio"/>	SEVERE <input type="radio"/>	CANNOT EVALUATE <input type="radio"/>
PSYCHOMOTOR SLOWING	NONE <input type="radio"/>	MILD <input type="radio"/>	MODERATE <input type="radio"/>	SEVERE <input type="radio"/>	CANNOT EVALUATE <input type="radio"/>
IMPAIRED COORDINATION	NONE <input type="radio"/>	MILD <input type="radio"/>	MODERATE <input type="radio"/>	SEVERE <input type="radio"/>	CANNOT EVALUATE <input type="radio"/>
DROWSINESS/ FATIGUE	NONE <input type="radio"/>	MILD <input type="radio"/>	MODERATE <input type="radio"/>	SEVERE <input type="radio"/>	CANNOT EVALUATE <input type="radio"/>
OTHER:	NONE <input type="radio"/>	MILD <input type="radio"/>	MODERATE <input type="radio"/>	SEVERE <input type="radio"/>	CANNOT EVALUATE <input type="radio"/>

SECTION 5: RECOMMENDED ACCOMMODATIONS

Certified Clinical/Medical Professional MUST fill out this section:

RECOMMENDED ACCOMMODATION:

EDUCATIONAL LIMITATION(S) THAT NECESSITATE THE RECOMMENDED ACCOMMODATION:

RECOMMENDED ACCOMMODATION:

EDUCATIONAL LIMITATION(S) THAT NECESSITATE THE RECOMMENDED ACCOMMODATION:

RECOMMENDED ACCOMMODATION:

EDUCATIONAL LIMITATION(S) THAT NECESSITATE THE RECOMMENDED ACCOMMODATION: