

Redwood City, CA 94061-1099



DISABILITY DOCUMENTATION
Dear student,
To receive services through Cañada College DRC, we must document your disability. This form may help you document your disability. This form may be completed by a Physician, Licensed Clinical Psychologist, Psychiatrist, MFT, LCSW, MD, or other licensed, credentialed or certified professional. If current disability documentation is not available, but your disability is chronic and stable, please have one of the professionals mentioned above provide information from historical records .
NAME: DATE:
DOB (date of birth): G#:
Dear Professional: Please fill in the remainder of this form.
Check all disabilities that apply: Mental Health
Diagnosis #1: Date of DX:
If applicable DSM V Code: The condition is:Permanent/chronicRecurringTemporary—Duration:days/weeks Level of Severity (Circle One): MILD MODERATE SEVERE
Diagnosis #2: Date of DX:
If applicable DSM V Code:
The condition is:Permanent/chronicRecurringTemporary—Duration:days/weeks
Level of Severity (Circle One): MILD MODERATE SEVERE
Functional limitations due to condition:
O Difficulty seeing () Physical issues with walking, standing, sitting, and/or stair climbing
O Difficulty hearing () Memory difficulties
O Difficulty with handwriting or typing O Difficulty concentrating/focusing tasks
O Other:
Recommended supports:
O Need for preferential seating O Need for sign language interpreter
0 Need for real time captioning or ASL Interpreter 0 Need for extra time on exams
O Other:
SIGNATURE: (Licensed Professional)
PRINT NAME and TITLE: LICENSE #:LICENSE #:

PHONE: ______ DATE: _____

ADDRESS: