

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: _____

Dear Professional: Please fill in the remainder of this form.

Check all disabilities that apply:

Mental Health Acquired Brain Injury ADHD
 Autism Spectrum Deaf/Hard of Hearing Physical Disability/Mobility
 Intellectual Disability Blind/Low vision Other Condition: _____

Diagnosis #1: _____ **Date of DX:** _____

If applicable DSM V Code: _____

The condition is: Permanent/chronic Recurring Temporary—Duration: _____ days/weeks

Level of Severity (Check One): MILD MODERATE SEVERE

Diagnosis #2: _____ **Date of DX:** _____

If applicable DSM V Code: _____

The condition is: Permanent/chronic Recurring Temporary—Duration: _____ days/weeks

Level of Severity (Check One): MILD MODERATE SEVERE

Functional limitations due to condition (Check all that apply):

Difficulty seeing Physical issues with walking, standing, sitting, and/or stair climbing
 Difficulty hearing Memory difficulties
 Difficulty with handwriting or typing Difficulty concentrating/focusing tasks
 Other: _____

Recommended supports (check all that apply):

Need for preferential seating Need for sign language interpreter
 Need for real time captioning Need for extra time on exams
 Other: _____

SIGNATURE: _____ **(Licensed Professional)**

PRINT NAME and TITLE: _____ **LICENSE #:** _____

ADDRESS: _____

PHONE: _____ **DATE:** _____