

East Los Angeles College
DSP&S

1301 Avenida Cesar Chavez, Monterey Park, CA 91754
Phone: (323) 265-8787 | Fax: (323)265-8714

Disability Verification Form

STUDENT INFORMATION TO BE COMPLETED BY STUDENT

Name: _____ SID#: _____ DOB: _____

Address: _____ City: _____ ZIP: _____

Phone: _____ Email: _____

I hereby authorize my health provider to release the information requested below. Signature _____
Student

TO BE COMPLETED BY PROFESSIONAL

Name of Licensed or Certified Professional: (print clearly) _____

Address: _____ City: _____ ZIP: _____

Phone: _____ FAX: _____ Email: _____

Please provide the following information in full in order to qualify the student for eligibility and help us determine reasonable educational and physical accommodations:

1. **Diagnosis:** (Required, **PLEASE PRINT CLEARLY**)

A: _____ **B:** _____

If Applicable, DSM Code: _____ Severity: Moderate Severe Residual/Remission

2. **This condition substantially limits the following major life activities: (Required)**

Moving Walking Manual Tasks Bending Standing Lifting Breathing Concentrating
 Seeing Reading Hearing Communicating Sleeping Retaining Facts Writing

3. **Other limitations/information helpful in determining accommodations in an educational setting:**

4. **Does it impact any of the following?**

Stamina Forming/Executing Plans Social Interaction Overcoming Obstacles Memory

5. **Condition is:** Stable Prone to exacerbation

6. **Duration:** Temporary: From: _____ To: _____ Permanent/Chronic

7. **Medication(s):** _____

I understand that the information provided will become part of the student record subject to the Federal Family Education Rights and Privacy Act of 1974 and may be released to the student on their written request.

Signature: _____ Title/Lic.# _____ Date: _____