STUDENT AFFAIRS & ENROLLMENT MANAGEMENT
DISABILITY PROGRAMS AND RESOURCE CENTER

1600 Holloway Avenue, SSB 110 | San Francisco, CA 94132
Office: 415/338-2472 | Video Phone: 415/335-7210 | Fax: 415/338-1041
Email: dprc@sfsu.edu | Web: http://access.sfsu.edu/

Disability Programs and Resource Center
Disability Assessment Form

Student's Medical Record # _____

Student's First Name: _____ Student's Last Name: _____

The student named above may be eligible for reasonable academic accommodations through the Disability Programs and Resource Center (DPRC). In order to determine eligibility and to provide appropriate services, we require verification of the student's disability. The more complete the information you can provide, the more helpful it will be in determining the nexus between the student's functional limitation(s) and requested reasonable accommodation(s).

To establish eligibility, documentation must indicate a specific disability exists, and the identified disability limits one or more major life activities in an academic setting. DPRC will use information provided from you to augment conversations with this student, establish the presence of disability and support the reasonableness of requested accommodations. Documentation may be presented by professionals qualified to diagnose and treat the student's disability.

After completing this form, please upload it to *myDPRC*, FAX (415) 338-1041, mail it to our office or bring it to our office. Please contact us if you have any questions. DPRC may contact you for additional information to support the student's request for accommodations. Thank you for your assistance.

Certifying Professional Name (Type or print): _____ Signature: _____

Title: _____ Organization: _____ License #: _____

Address: _____ City: _____ State: ___ Zip: _____

Phone Number: _____ Fax: _____ E-mail: _____

Indicate the Student's Disability (e.g. diagnosis or condition):

Date of Diagnosis: _____

How often do you see the student?: _____

Date of Last Visit: _____

This Disability is Considered: ◯ Permanent ◯ Temporary-until date _____

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How did you arrive at this diagnosis?

- ◯ Review of Medical Records
- ◯ Rating Scales (ie, Beck Depression Scale etc.)
- ◯ Psychoeducational Evaluation
- ◯ Comprehensive Diagnostic Evaluation
- ◯ Clinical Interview
- ◯ Other:

Disability/Major Life Activity Limitation Assessment

Please select all that apply and describe functional limitations

LIMITATION IS: 1 = Unable to determine 2 = Mild 3 = Severe

Major Life Activity	Description	1	2	3		Major Life Activity	Description	1	2	3
Caring for Oneself		☐	☐	☐		Pain		☐	☐	☐
Speaking		☐	☐	☐		Reading		☐	☐	☐
Hearing		☐	☐	☐		Writing		☐	☐	☐
Breathing		☐	☐	☐		Spelling		☐	☐	☐
Seeing		☐	☐	☐		Quantitative Reasoning		☐	☐	☐
Walking/Standing		☐	☐	☐		Math Calculating		☐	☐	☐
Lifting/Carrying		☐	☐	☐		Processing Speed		☐	☐	☐
Sitting		☐	☐	☐		Memorizing		☐	☐	☐
Performing Manual Tasks		☐	☐	☐		Concentrating		☐	☐	☐
Eating		☐	☐	☐		Following Directions		☐	☐	☐
Working		☐	☐	☐		Impulsive Behavior		☐	☐	☐
Interacting with Others		☐	☐	☐		Organizational Skills		☐	☐	☐
Sleeping		☐	☐	☐		Other:		☐	☐	☐
Fatigue		☐	☐	☐		Other:		☐	☐	☐

Please provide information as to how the disability may impact the student in an academic setting:

Does the student require adaptive equipment to successfully perform routine tasks? Please explain:

If the student is taking medication(s), please describe any side effects that may impact the student in an academic setting:

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If the treatment or symptoms may result in an absence from campus, please describe the frequency and duration of events: (e.g. “misses class twice per month for up to two full days”; “may require hospitalizations about twice yearly up to 7 days in duration”)

Is the condition stable, cyclical or episodic in nature? Include environmental triggers and information on interventions:

Please add any additional information:

Please attach additional pages as necessary, including results of pertinent evaluations (e.g. audiograms, vision evaluations, psycho-educational or neuropsychological evaluations etc.)

Print Form | Save Form As | Clear Form