



Information for Students with Disabilities

Cerritos College is committed to ensuring equal access to educational opportunities for students with disabilities. To provide this access, Student Accessibility Services (SAS) facilitates academic accommodations for enrolled students with disabilities.

How is Disability Defined?

The Americans with Disabilities Act (ADA) defines a person with a disability as a person who has a physical or mental impairment that substantially limits one or more major life activities. This includes people who have a record of such an impairment, even if they do not currently have a disability. It also includes individuals who do not have a disability but are regarded as having a disability.

Eligibility

In addition to the student's declaration of disability and need for accommodation, SAS may require current and complete documentation from the student's diagnosing, treating clinician. Qualified clinicians are licensed, non-familial, follow established practices in the field, and are most often physicians, licensed psychologists, psychiatrists, social workers, or licensed therapists. For clinical assessments, the professional conducting the assessments and rendering diagnoses must have comprehensive training with regard to the specific disability being addressed.

Documentation must describe how the disability limits one or more major life activities and to what extent the student experiences disability-related, academic limitations. It should also be written within a reasonable timeframe relative to the disability. If your medical provider is submitting a letter in lieu of the attached verification form, it should contain all of the following information:

1. Student's name, ID number, and date of birth
2. Name, Title, Licensing State(s) and Number, Address, Area of Specialization, and Signature of qualifying, diagnosing clinician
3. Medical/clinical diagnosis as listed in the DSM-5 or ICD-10
4. Explanation and/or basis for diagnosis (tests, clinical interview, observations, history)
5. Onset of condition, date clinician first treated student, most recent visit, expected duration of disability, and other relevant educational, developmental, and medical history
6. Current functional limitations
7. Statement of the extent to which limitations are mitigated by treatment and side effects of treatment if any
8. If making recommendations for specific accommodations: Justification for each recommended accommodation and the direct relationship to the functional limitations must be produced.

Please note the following:

- Incomplete information may slow or delay the accommodation approval process.
- Depending on the nature of the condition, SAS may require a comprehensive report (i.e., cognitive achievement test scores, audiogram, and/or other relevant information to determine reasonable accommodations).
- For observable/obvious disabilities, medical documentation may not be required when the accommodation requested is apparent or logical.

Student Name _____ College ID _____ D.O.B. _____

Student Accessibility Services Disability Verification Form

Note to student: Please do not complete this form -- it must be completed by your treating clinician.

This request for information regarding my disability is being provided to you in connection with my application for academic support services from the Student Accessibility Services (SAS) office at Cerritos College. SAS requires documentation of my disability from a qualified diagnosing professional as part of the process to determine my eligibility for reasonable and appropriate academic adjustments based on functional limitations resulting from my condition. “Qualified diagnosing professionals” include licensed clinicians whose scope of training and experience include diagnosis and treatment of adults. Please respond to the following questions as soon as possible and return to SAS by email at sasapply@cerritos.edu

Health Care Provider Information

Name: _____ Title: _____
License #: _____ Specialty: _____
Address: _____
Phone: _____ Email: _____

Medical Information – If this is your first-time seeing this patient, please review the patient’s records, if available, in order to provide the following information. The student may also have their primary care physician provide this information.

The following questions are to be answered by the qualified professional identified above. If you have recently begun treating this student, you may find that you do not yet have sufficient information to respond to the questions on this form. If you have not had recent clinical contact with the student, or otherwise find that you cannot effectively complete this form, please inform the student directly. If you would like to share any related pertinent information, please do so here:

Please Note: Depending on the nature of the condition, SAS may require a comprehensive report (ie cognitive achievement test scores, audiogram, and/or other relevant information to determine reasonable accommodations)

Diagnostic Information

Please list the diagnosis/es and the relevant DSM-5 or ICD-10 codes:

Please state whether you believe that the requesting person meets the definition of having a disability as defined by the ADA, or by the ADA Network.

Yes

No

Unsure

Severity of the diagnosis/es: *Mild*

Moderate

Severe

Nature of the diagnosis/es: *Acute*

Episodic

Chronic

In Remission

Prognosis: How long do you anticipate this student's academic performance will be impaired by their disability?

Please check all that apply:

Mental Health

Autism Spectrum

Intellectual Disability

Deaf/Hard of Hearing

Acquired Brain Injury

Learning Disability

Physical Disability

ADHD

Blind/Low Vision

Autoimmune Disorder

Chronic Illness

Other

Contact with student:

1. Onset of condition: _____
2. Date of first contact with student (mm/dd/yyyy): _____
3. Date of most recent contact with student (mm/dd/yyyy): _____
4. Please describe the frequency of your contact with this student/client (# of therapy sessions, if applicable): _____

Description of Functional Limitations: This section must be completed by the medical provider. Failure to do so will result in an incomplete application for the student. A **functional limitation** is a restriction in the ability to perform an action or activity in the manner or within the range considered 'normal' and which is attributable to impairment.

No functional limitations identified at this time.

Major Life Activity	None	Mild	Moderate	Severe	Please include explanation of limitations if <u>moderate or severe impact</u> is indicated. Include limitations related to medication side effects.
Thinking/Concentrating					
Information Processing					
Memory					
Sustained Reading					
Sustained Writing					
Sustained Focus					
Executive Functioning					
Communicating					
Seeing					
Hearing					
Listening					
Learning					
Walking, Standing, or Bending					
Sitting					
Sleeping					
Eating					
Reaching or Lifting					
Immune System Functions					
Self-care					
Speaking					
Course Engagement					
Bladder/Digestive					
Respiratory/Breathing					
Other					
Other					
Other					

RECOMMENDED ACCOMMODATION(S) AND JUSTIFICATION

The justification for each recommended accommodation must be produced which specifically describes how the adjustment will provide equal access to the academic program. There must be a logical connection clearly describing the relationship between the disability and the accommodation being sought. Accommodations are designed to address the barrier(s) caused by any functional limitation(s) related to the condition.

A diagnosis does not, in and of itself, qualify a student for accommodations under the Americans with Disabilities Act Amendments Act (ADAAA). Accommodations are not based on the student's diagnosis, but instead are designed to address the barrier(s) caused by any functional limitation(s) related to the condition. Reasonable **accommodations** are modifications or adjustments to the policies, environment, practices and/or procedures that enable individuals with disabilities to have an equal opportunity to participate in an academic program.

Please indicate your recommendations for accommodations within the post-secondary environment, as supported by the reported functional limitations and their impact on this student.

Accommodation:

Rationale:

Accommodation:

Rationale:

Accommodation:

Rationale:

Recommending accommodations is optional.

*Thank you for your cooperation. You can email this completed document to sasapply@cerritos.edu
Please call (562) 860-2451 ext. 2335 if you require additional information. **Please attach any reports.***

Clinical/Medical Provider's Signature: _____ Date: _____