

Pacific Union College - Teaching & Learning Center

1 Angwin Avenue - Angwin, California 94508

Nancy Jacobo, M.P.H., Disabilities Coordinator

(707) 965-7688 (FAX) (707) 965-7687

Verification of Disability

Student name _____ **Birth date** _____

The above student has requested academic support services through the Disabilities Office at PUC. To ensure the provision of appropriate services for students with disabilities, PUC requires current and comprehensive documentation of disability. Please respond to the following questions as soon as possible and return by mail or fax with any pertinent reports.

Physician/specialist name (print) _____ Title _____

License # _____ Degree _____ Phone _____ Fax _____

Organization & address _____

1. Diagnosis(es) _____

Date of onset of illness or condition: _____ Diagnosis date: _____

2. Level of severity: Mild Moderate Severe

3. Duration: Permanent; recommended re-evaluation date _____ Temporary; duration _____

4. What is the Multi-axis DSM IV classification, if any? (Please code in five axes) _____

5. When did you last see this individual? _____ Please list procedures/assessments used to diagnose the student's condition. _____

6. What treatment and/or medication have been prescribed? _____

Are there any debilitating side effects? _____

7. What are the symptoms or functional limitations? _____

8. How does this condition (or effects of medication) limit the student's ability to learn or to meet the demands at a college? _____

9. Recommend: Continue school Reduce load Medical leave

Signature _____ Date _____

All information on this form is confidential