



Student Accessibility Services

CERTIFICATE OF DISABILITY

This student has indicated that s/he has a disability which will require academic accommodations at Whittier College. The information you provide will help determine reasonable accommodations for the student. Please fill out the questions thoroughly. You may fax this form to us at 562.907.4827 or email it as an attachment to sas@whittier.edu.

Student Name: _____

PLEASE RESPOND TO THE FOLLOWING INFORMATION ABOUT THE STUDENT:

1. How long have you been treating this student?

2. Please describe the student's medical condition(s) using ICD 10 or DSM 5 diagnostic codes:

3. What is the date of onset of the condition(s): _____

4. Date of the most recent evaluation: _____

5. Please describe symptoms associated with the medical condition(s):

6. What is the severity of this condition?

Please check one: Mild Moderate Severe

Comments:



7. What are the specific functional limitations that are caused by the condition(s)?

8. What is the current treatment plan (if applicable)?

Healthcare Professional's Name:

Professional Licensure: State _____ **Number** _____

Healthcare Professional's Signature: _____

Date: _____

Office Address: _____

Office Phone: _____