

SJSU Administration Bldg., Rm 110, One Washington Square, San Jose, CA 95192-0168 · (408) 924-6000; email: aec-info@sjsu.edu

Licensed Practitioner: The student named below is applying for accommodations through the Accessible Education Center (AEC) at SJSU. In order to determine eligibility and to provide appropriate accommodations & services, we require the verification of the student’s diagnosis or condition (disability). Documentation of a disability must come from a licensed practitioner, qualified in the appropriate specialty area, with sufficient direct professional knowledge of the student (30 days or more). Federal law defines a person with a disability as someone who has a physical or mental impairment that substantially limits one or more major life activities. The AEC will use the information you provide to augment conversations with the student, establish the presence of a disability and support the reasonableness of the requested accommodations.

Notice: The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information.

The AEC reserves the right to make the final determination concerning the eligibility and continuation of services.

For your convenience this form is provided, but information can be provided as a letter on official letterhead. Handwritten notes, or notes written on prescription pads, are not considered adequate documentation. For general questions pertaining to this form, or to obtain clarification about the information requested, please contact the AEC at (408) 924-6000.

Verification requested for: _____

Student Name: (Last, First M.I.)

TO BE COMPLETED BY LICENSED PRACTITIONER

1. Diagnosis(es):

Diagnosis	Date of Diagnosis	Stable, Episodic or Cyclical	Permanent or Temporary (End Date)

2. Method(s) of Determining Diagnosis(es): *Check all that apply:*

- Comprehensive Diagnostic Evaluation Review of Medical Records (Neuro) Psychological Assessment
 Consultation with Former Provider of Care Clinical Interview. Other: _____

3. Does the disability limit a major life activity? Yes No

If yes, check all that apply. Scale: 1 – Mild; 2 – Moderate; 3 – Severe; 4 – Unable to determine

Major Life Activity	1	2	3	4	Major Life Activity	1	2	3	4
Bending					Reaching				
Breathing					Reading				
Caring for self					Running				
Concentrating					Seeing				
Communication					Sitting				
Eating					Sleeping				
Hearing					Speaking				
Interacting w/ others					Standing				
Learning					Thinking				
Lifting					Walking				
Performing Manual Tasks					Working				
Operations of major bodily functions <i>(Including functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.)</i>									
Other:									

4. Disability effects on academic performance:

- | | | |
|--|--|--|
| <input type="checkbox"/> Alertness | <input type="checkbox"/> Fatigue | <input type="checkbox"/> Organization |
| <input type="checkbox"/> Chronic Pain | <input type="checkbox"/> Inattention | <input type="checkbox"/> Processing |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Interrupting Others | <input type="checkbox"/> Response Time |
| <input type="checkbox"/> Decreased Concentration | <input type="checkbox"/> Impaired Memory | <input type="checkbox"/> Writing |
| <input type="checkbox"/> Difficulty following directions | <input type="checkbox"/> Impulsivity | <input type="checkbox"/> Time Management |
| <input type="checkbox"/> Distractibility | <input type="checkbox"/> Motor Functions | <input type="checkbox"/> Other: _____ |

5. For episodic/cyclical disabilities, provide the **frequency, severity, and duration** of episodes/flare ups:

6. Date of last episode/cycle: (MM/DD/YY) _____

7. During episode/cycle, can student attend class? Yes No

If no, on average, how many days is the student unable to attend? _____

8. During episode/cycle, can student complete course work? Yes No

If no, on average, how many days is the student unable to complete course work? _____

9. Provide any environmental triggers and/or information on interventions:

10. Prescribed Medication:

Medication	Purpose of Medication

11. Side Effects on Academic Performance

Check all that apply: Scale: 1 – Mild; 2 – Moderate; 3 – Severe; 4 – Unable to determine

	1	2	3	4
<input type="checkbox"/> Agitation				
<input type="checkbox"/> Confusion/Thought Disorder				
<input type="checkbox"/> Decreased Concentration				
<input type="checkbox"/> Distractibility				
<input type="checkbox"/> Impaired Coordination				
<input type="checkbox"/> Psychomotor Impairment				
<input type="checkbox"/> Sedation/Fatigue				
Other:				

Any additional information you would like share:

Licensed Practitioner Acknowledgment & Information

I acknowledge that I am providing accurate information consistent with my professional obligations and based on professional knowledge of my patient/client, i.e., the knowledge used to diagnose, advise, counsel, treat, or provide health care or other disability-related services to their patient/client. I certify that I have the professional training, background, and qualifications to provide the information. I confirm that the information provided is my professional opinion based on clinical information obtained through a current and comprehensive assessment of the individual.

Signature: _____ Date: _____

Practitioner Name (Print): _____ Position Title: _____

License Number: _____ Issuing State: _____

Board Certification/Area of Specialization: _____ Employer/Medical Facility: _____

Address: _____ Phone Number: _____

Note: Student medical records supplied to the Accessible Education Center constitute "educational records" under the Family Education and Privacy Act (FERPA) and as such, may be reviewed by the student upon request.