



California State University, Chico  
**Accessibility Resource Center**  
Chico, California 95929-0726  
Student Services Center Room 170  
Voice or Relay (530) 898-5959  
Fax (530) 898-4411  
[www.csuchico.edu/arc](http://www.csuchico.edu/arc)

# Disability Verification

The student named below may be eligible for services and accommodations offered through Accessibility Resource Center at Chico State. In order to determine eligibility, verification and documentation of the student's disability must clearly demonstrate that he or she has one or more functional limitations in the academic environment. Please note that the determination of actual services and accommodations will be made by Accessibility Resource Center.



## TO BE COMPLETED BY STUDENT

Last Name:

First Name:

Date of Birth:

Student ID Number:

I authorize the release of the information requested below to Accessibility Resource Center at California State University, Chico:

Student's Signature:

Date:



## TO BE COMPLETED BY A LICENSED PROFESSIONAL QUALIFIED TO ASSESS THE NATURE AND EXTENT OF THE SPECIFIC DISABILITY:

- |                       |                             |                          |
|-----------------------|-----------------------------|--------------------------|
| Mobility              | Blind/Visual Impairment     | Autism Spectrum Disorder |
| ADHD                  | Medical/Health Impairment   | Deaf/Hearing Impairment  |
| Acquired Brain Injury | Psychological/Mental Health | Other:                   |

*Note: "Test Anxiety" is not a disability; this form may be insufficient for documenting Learning Disabilities.*

Specific Diagnosis:

### Anticipated Duration of Disability:

Permanent

Temporary until

(end date must be indicated)

DSM-5 Classification(s) (If applicable)

Code:            Description:

Please check all areas that you feel will be impacted by the diagnosis in an educational setting:

Reading  
Writing  
Spelling  
Quantitative Reasoning  
Math Calculating  
Talking  
Hearing  
Breathing  
Seeing  
Walking/Standing  
Lifting/Carrying

Processing Speed  
Memorizing  
Concentrating  
Listening  
Communicating  
Sitting  
Performing manual tasks  
Eating  
Interacting with Others  
Sleeping

Clear statement of functional limitations, which this diagnosis creates for the student in the educational setting (e.g. easily distracted, tires easily, may need to stand during class lecture):

Current services and/or medications prescribed to mitigate impact of the disability/illness, if applicable:

*Legibly Print* name of verifying professional:

Signature of Professional:

License #:

Phone:

Fax:

Date:

Return this completed form to our office as soon as possible so this student may begin to receive appropriate academic accommodations. **Please include any verifying documents from your files (e.g. audiogram, medical records, etc.).**

*All sections are required.*