

East Los Angeles College  
DSP&S

1301 Avenida Cesar Chavez, Monterey Park, CA 91754  
Phone: (323) 265-8787 | Fax: (323)265-8714

Disability Verification Form

STUDENT INFORMATION TO BE COMPLETED BY STUDENT

Name: \_\_\_\_\_ SID#: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby authorize my health provider to release the information requested below. Student Signature \_\_\_\_\_

TO BE COMPLETED BY PROFESSIONAL

Name of Licensed or Certified Professional: (print clearly) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ FAX: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide the following information in full in order to qualify the student for eligibility and help us determine reasonable educational and physical accommodations:

1. Diagnosis: (Required, PLEASE PRINT CLEARLY)

A: \_\_\_\_\_ B: \_\_\_\_\_

If Applicable, DSM Code: \_\_\_\_\_ Severity:  Moderate  Severe  Residual/Remission

2. This condition substantially limits the following major life activities: (Required)

Moving  Walking  Manual Tasks  Bending  Standing  Lifting  Breathing  Concentrating  
 Seeing  Reading  Hearing  Communicating  Sleeping  Retaining Facts  Writing

3. Other limitations/information helpful in determining accommodations in an educational setting:

\_\_\_\_\_  
\_\_\_\_\_

4. Does it impact any of the following?

Stamina  Forming/Executing Plans  Social Interaction  Overcoming Obstacles  Memory

5. Condition is:  Stable  Prone to exacerbation

6. Duration:  Temporary: From: \_\_\_\_\_ To: \_\_\_\_\_  Permanent/Chronic

7. Medication(s): \_\_\_\_\_

I understand that the information provided will become part of the student record subject to the Federal Family Education Rights and Privacy Act of 1974 and may be released to the student on their written request.

Signature: \_\_\_\_\_ Title/Lic.# \_\_\_\_\_ Date: \_\_\_\_\_