

# DISABILITY VERIFICATION PACKET

---

## There are four pages in this packet:

1. **This Cover Sheet** (Keep this cover sheet and give the others to your health professional)
  2. **The Instruction Letter**
  3. **The Disability Verification Form**
  4. **The Disabilities Definitions and Documentation sheet**
- 

## INSTRUCTIONS TO STUDENT:

In order to receive your disability-related services and accommodations at De Anza College you must first complete these three steps:

1.  Complete the De Anza College application at: <http://deanza.edu/registration/myinfo.html> and you will receive your CampusWide IDentification (CWID) number and password to access the college's MyPortal site at: <https://myportal.fhda.edu/cp/home/displaylogin>
2.  Complete and submit the online DSPS Application for services:
  - a. Login to **MyPortal**,
  - b. Select the **Student** tab and find the "**ClockWork Student Portlet**", and
  - c. Select "**ClockWork De Anza Disability Progs & Svcs**".

If you need help, there is a Student Help Guide at:

[http://www.deanza.edu/dsps/pdf/Student DSPS Application Help Guide.pdf](http://www.deanza.edu/dsps/pdf/Student%20DSPS%20Application%20Help%20Guide.pdf)

3.  Submit a completed **Disability Verification Form** to verify your disability(ies):
  - a. Give your Doctor or appropriate health professional the:
    - **Instruction Letter**, (NOTE: Fill in the date)
    - **Disability Verification Form** (NOTE: You must fill out the Student Information portion before giving the form to your Doctor or appropriate health professional), **and**
    - **Disabilities Definitions and Documentation sheet**.
  - b. Return the completed **Disability Verification Form** to DSPS by:
    - FAX to (408) 864-5492
    - Have it scanned then e-mail as an attachment to [DSS@fhda.edu](mailto:DSS@fhda.edu)
    - Bring it in person to SCS 141
    - Scan it before step 2 then upload it during the online DSPS Application process

Complete these three steps and you will be promptly scheduled to meet with a DSPS Counselor to set up all of your classes, services, and accommodations.

---

# DISABILITY VERIFICATION PACKET

## INSTRUCTION LETTER

Date: \_\_\_\_\_

Dear Health Professional,

The patient named on the attached **Disability Verification Form** has requested that his/her disability be verified. The purpose of this documentation is to help determine if your patient is eligible to receive disability-related educational services and accommodations from the De Anza College - Disability Support Programs and Services (DSPS) division per the California Code of Regulations – Title 5. De Anza College students are only eligible to receive DSPS services if their disability is verified and signed by the appropriate qualified health professional.

Definitions of the eligible disabilities and the certified or licensed health professionals who are authorized to verify disabilities are on the attached **Disability Definitions and Documentation** sheet.

### INSTRUCTIONS:

- Please address all five questions on the **Disability Verification Form**
- Under question # 2, in order for your patient to be eligible to receive DSPS services, at least one disability-related **Major Life Activities** or **Major Bodily Functions** must be identified as being substantially limited.
- The **Disability Verification Form** must be **SIGNED** by the appropriate certified or licensed health professional that is qualified to diagnose and treat the student's specific disability/condition. *(If questions 1 - 5 were filled out by someone other than the qualified professional who signed the form, please provide their name, title, and phone # on the form.)*
- In addition, if your patient plans to enroll in **Adapted Physical Education (APE)** classes, your signature on the form will indicate that the student is cleared to participate in adapted physical activities. Otherwise, check the box on question # 5 that the student should **not** participate in adapted physical activities. If the student is cleared to participate in APE classes, please provide any applicable exercise restrictions and/or recommendations on the back of the form.
- The completed and signed **Disability Verification Form** can be **FAXED**, unless your patient requests otherwise. *(Please attach any additional medical, psychological, and/or educational documentation that will be informative and helpful to the eligibility process and to ensure the student will receive the most appropriate educational and physical accommodations)*

**DE ANZA COLLEGE - DISABILITY SUPPORT PROGRAMS and SERVICES (DSPS)**

**FAX: (408) 864-5492**

The completed and signed **Disability Verification Form** must be returned to DSPS before the student can participate in "educational assistance" classes or receive their disability-related accommodations. Your prompt response is greatly appreciated.

Thank you for your attention to this matter on behalf of your patient. If you have questions, please call our offices at: (408) 864-8753 or e-mail to [DSS@fhda.edu](mailto:DSS@fhda.edu).

Sincerely, Dr. Stacey Shears  
De Anza College  
Dean – Disability Support Programs and Services

# DISABILITY VERIFICATION PACKET **Disability Verification Form**

## STUDENT INFORMATION

To be completed by Student

Name: \_\_\_\_\_ College ID#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

Phone #: (\_\_\_\_) \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ E-Mail : \_\_\_\_\_

## TO BE COMPLETED BY QUALIFIED PROFESSIONAL

Name of Qualified Professional: \_\_\_\_\_

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

Phone #: (\_\_\_\_) \_\_\_\_\_ FAX #: (\_\_\_\_) \_\_\_\_\_ E-Mail : \_\_\_\_\_

**1. Diagnosis:** A. \_\_\_\_\_ B. \_\_\_\_\_

If applicable, DSM IV Code: \_\_\_\_\_ **Severity:** Check one:  Moderate  Severe  Residual/Remission

**2. The Disability Substantially Limits:** Check all that apply:

- **Major Life Activities:**  Moving  Walking  Manual Tasks  Bending  Standing  Lifting  
 Breathing  Concentrating  Seeing  Reading  Hearing  Communicating  Sleeping  Speaking  
 Eating  Caring for Self  Learning  Thinking
- **Major bodily functions:**  Digestive  Normal Cell Growth  Bowel  Bladder  Neurological  Brain  
 Respiratory  Circulatory  Endocrine  Reproductive

**3. Nature of Student's Disability:** Check one:  Stable  Prone to Exacerbations

**4. Duration of Student's Disability:** Check one:  Permanent/Chronic  Temporary

If temporary, Check one:  Less than 45 days  More than 45 days Expected duration \_\_\_\_\_

**5.**  This student should **not** participate in **Adapted Physical Education.**  Ex. Recs./Restrictions on back

I understand that the information provided will become part of the student's educational record and subject to the Family Education Rights and Privacy Act of 1974 and may be released to the student upon their written request:

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

If questions 1 - 5 were filled out by someone other than the qualified professional who made the diagnosis provide their:

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

**For DSPS Staff use only:**  DSPS staff observation  DSPS staff assessment  Documentation review

3 of 4

D.H.H. \_\_\_\_\_ Autism \_\_\_\_\_ L.D. \_\_\_\_\_ Vision \_\_\_\_\_ A.B.I. \_\_\_\_\_ Other \_\_\_\_\_ Mental H. \_\_\_\_\_ Intel. D. \_\_\_\_\_ Physical \_\_\_\_\_ ADHD \_\_\_\_\_  
 (23.7) (3.8) (3.5) (2.9) (2.6) (2.6) (2.6) (2.0) (2.0) (1.0)

# DISABILITY VERIFICATION PACKET

**Disability Definitions and Documentation:** Eligibility for disability related academic adjustments, auxiliary aids and services are based on an individual's condition that must:

1. Fall within the diagnostic categories listed in the table below,
2. Substantially limit one or more major life functions, and
3. Limit's the student's ability to access the educational process.

De Anza College uses the information on the Disability Verification Form to determine a student's eligibility to receive services from the Disability Support Programs and Services (DSPS) division per Title 5, Sect. 56032-44 of the California Code of Regulations.

<b>DISABILITY</b>	<b>California Community Colleges Definition</b>	<b>Certified or Licensed Professionals</b> (i.e. Physician, Neurologist, Neuropsychologist, Physician's Assistant, or Nurse Practitioner.)
<b>Physical Disability</b>	Limitation in locomotion or motor functions that limits the student's ability to access the education process.	M.D., O.D., D.C.
<b>Deaf and Hard of Hearing (DHH)</b>	Partial loss of hearing function that limits the student's ability to access the education process.  Total loss of hearing function that limits the student's ability to access the education process.	Audiologist, M.D.
<b>Blind and Low Vision</b>	Level of vision that limit's the student's ability to access the educational process.	M.D., Ophthalmologist, Optometrist
<b>Learning Disabilities (LD)</b>	A persistent condition of presumed neurological dysfunction that may exist with other disabling conditions. The dysfunction is not explained by lack of proficiency in the language of instruction, or other non-neurological factors, and this dysfunction limits the student's ability to access the educational process.	Ph.D. Psychologist, Neuropsychologist, College LD Specialist, Other qualified professional
<b>Acquired Brain Injury (ABI)</b>	A deficit in brain function that results in a total or partial loss of cognitive, communicative, motor, psycho-social, and/or sensory-perceptual abilities, and limits the student's ability to access the educational process.	M.D., Neurologist, Neuropsychologist
<b>Attention-Deficit Hyperactivity Disorder (ADHD)</b>	Neurodevelopmental disorder that is a persistent deficit in attention and/or hyperactive and impulse behavior that limits the student's ability to access the educational process.	M.D., Neurologist, Neuropsychologist, Psychiatrist, Psychologist, LMFT, LCSW
<b>Intellectual Disabilities (ID)</b>	Significant limitations both in intellectual functioning and in adaptive behavior that affect and limit the student's ability to access the educational process.	Ph.D. Psychologist, College LD Specialist, Other appropriate professional
<b>Autism Spectrum</b>	Neurodevelopmental disorders described as persistent deficits that limit the student's ability to access the educational process.	M.D., Neurologist, Neuropsychologist, Psychiatrist, Psychologist,
<b>Mental Health Disability</b>	Persistent psychological or psychiatric disorder, or emotional or mental illness that limit the student's ability to access the educational process.	Psychiatrist, Ph.D. Psychologist, LMFT, LCSW
<b>Other Health Conditions and Disabilities</b>	Students with disabilities as defined in Title 5 Section 56002, with other health conditions and/or disabilities that affect at least one major life activity, which are not otherwise defined in Sections 56032 - 56042, but which limit the student's ability to access the educational process.	M.D., other Licensed Certified Professionals who are legally qualified to diagnose the disability in question

**For more information on qualifying definitions and/or signature and documentation requirements contact the DSPS Division at (409)-864-8407.**

Personal information provided on the Disability Verification Form will be kept confidential in order to protect against unauthorized disclosure. Portions may be shared with the Chancellor's Office of the California Community Colleges or other state or federal agencies in such a manner as to comply with confidentiality statutes and regulations including the Family Educational Rights and Privacy Act of 1974 (20 U.S.C. 1232g) and pursuant to Sect. 7 of the Federal Privacy Act (P.L. 93-578 U.S.C. 552a). The information is being collected per California Education Code (Sect. 67310-67312) and the California Code of Regulations (Title 5, Sect. 56000 et seq.).