Disabled Student Programs and Services

PLEASE RETURN COMPLETED FORM TO STUDENT

Disabled Student Programs and Services
Citrus College
1000 West Foothill Blvd., SS 133
Glendora, CA 91741-1899
Phone: (626) 914-8675
dsps@citruscollege.edu

DISABILITY DOCUMENTATION
PHYSICAL DISABILITY

The student named below may be eligible for academic accommodations provided through the office of Disabled Student Programs and Services (DSPS). In order to authorize these services, we must have written verification of the student's disability from his/her practitioner. Please be assured that the information provided by you will not appear in the student's academic record, will remain confidential in DSPS and will not be released to other persons unless instructed to do so by the student.

Please note: Student medical records supplied to this office constitute "educational records" under the Family Education and Privacy Act (FERPA) and as such, may be reviewed by the student upon written request.

PLEASE PROVIDE ALL INFORMATION REQUESTED

STUDENT: *Please complete this section only*

Name: _____ Citrus ID: _____ Date of Birth: _____

Address: _____ City: _____ State: _____

ZIP: _____ Home Phone: _____ Cell Phone: _____ Email: _____

Signature: _____ Date: _____

LICENSED PRACTITIONER:

Name: _____ Phone: _____ Fax: _____

Address: _____ City: _____ State: _____

Type of License: _____ License No: _____ Area of Specialization: _____

How often do you see the Student? _____ Date of Student's Last Visit: _____

Length of time this student has been under your care: _____

Diagnosis 1: _____

Diagnosis 2: _____

Diagnosis 3: _____

This Diagnosis is considered: ☐ Permanent ☐ Progressive ☐ Temporary End Date: _____

Please Complete Back Portion →

Medication-Related Effects on Academic Performance:

NAME OF DRUG WITH DOSAGE	PURPOSE OF MEDICATION	MEDICATION EFFECTS ON ACADEMIC PERFORMANCE Please check all that apply
1. _____	1. _____	☐ Confusion/Thought Disorder ☐ Distractibility
2. _____	2. _____	☐ Decreased Concentration ☐ Agitation
3. _____	3. _____	☐ Psychomotor Slowing ☐ Sedation/Fatigue
4. _____	4. _____	☐ Impaired Coordination Other: _____

Disability-Related Effects on Academic Performance. Please check all that apply:

☐ Confusion/Thought Disorder ☐ Decreased Concentration ☐ Agitation ☐ Distractibility

☐ Impaired Coordination/Motor Function ☐ History of Impaired Performance on Timed tasks ☐ Chronic Pain

☐ Difficulty Sustaining Physical Energy Over Extended Periods of Time

☐ Please Elaborate:

_____

☐ Requires adaptive equipment to successfully perform routine tasks. Please Specify:

☐ Difficulty completing timed tasks due to:

☐ Please provide additional information that will help us understand how this student's disability affects their academic performance:

☐ Please provide us with your recommendations for academic accommodations for this student:

Signature of Licensed Provider: _____ Date: _____