CSUN | DISABILITY RESOURCES AND EDUCATIONAL SERVICES

PLEASE SUBMIT COMPLETED FORM TO:
Disability Resources and Educational Services
California State University Northridge
18111 Nordhoff Street, BH 110
Northridge CA 91330-8264
Tel: (818) 677-2684 FAX: (818) 677-4932
Email: dres@csun.edu

DISABILITY DOCUMENTATION
Physical Disability

The student named below may be eligible for academic accommodations provided through the Disability Resources and Educational Services (DRES) office. 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 DRES and will not be released to other persons unless instructed to do so by the student or as permitted by law.

Please note: Student medical records supplied to this office constitute "education 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: _____ CSUN ID: _____ Date of Birth: _____

Address: _____ City: _____ State: _____ ZIP: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Signature: _____ Today's Date: _____

Student authorizes release of information to California State University Northridge - DRES.

Licensed Practitioner: (MD, DO, DC, PA, NP) Please complete remainder of form before submitting to DRES.

Name: _____ Phone: _____

Address: _____ City: _____ State: _____ ZIP: _____

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

How Often Do You See This Student? _____ Date of Student's Last Visit: _____

Length of Time This Student Has Been Under Your Care: _____

Diagnosis #1: _____

Diagnosis #2: _____

Diagnosis #3: _____

This Disability is Considered: ☐ Permanent ☐ Temporary Until (date): _____

Medication-Related Functional* Impairments on Academic Performance

Please specify the degree of limitation that the student exhibits within each of the following areas:

Impairments	Degree of Impairments		
Agitation	☐ Mild	☐ Moderate	☐ Severe
Confusion / Thought Disorder	☐ Mild	☐ Moderate	☐ Severe
Decreased Concentration	☐ Mild	☐ Moderate	☐ Severe
Distractibility	☐ Mild	☐ Moderate	☐ Severe

Impairments		Degree of Impairments		
Impaired Coordination		☐ Mild	☐ Moderate	☐ Severe
Psychomotor Retardation		☐ Mild	☐ Moderate	☐ Severe
Sedation / Fatigue		☐ Mild	☐ Moderate	☐ Severe
Other:		☐ Mild	☐ Moderate	☐ Severe

Disability-Related Functional* Impairments on Academic Performance

Please specify the degree of limitation that the student exhibits within each of the following areas:

Impairments	Degree of Impairments		
Agitation	☐ Mild	☐ Moderate	☐ Severe
Chronic Pain	☐ Mild	☐ Moderate	☐ Severe
Confusion / Thought Disorder	☐ Mild	☐ Moderate	☐ Severe
Decreased Concentration	☐ Mild	☐ Moderate	☐ Severe
Difficulty Sustaining Physical Energy over Extended Time	☐ Mild + 4 hours	☐ Moderate 2 - 4 hours	☐ Severe < 2 hours

Impairments		Degree of Impairments		
Distractibility		☐ Mild	☐ Moderate	☐ Severe
Impaired Coordination		☐ Mild	☐ Moderate	☐ Severe
Impaired Performance on Timed Tasks		☐ Mild	☐ Moderate	☐ Severe
Other:		☐ Mild	☐ Moderate	☐ Severe

* Functional impairment is a loss of functional capacity affecting a person's ability to engage in academic activity (reading, comprehending, writing, calculating, taking exams, etc.) that results from the person's medical condition.

☐ Requires adaptive equipment to successfully perform routine tasks **Please specify:**

☐ Difficulty completing timed tasks **Please specify:**

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

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

Signature of Licensed Practitioner: Date of Report: