



# Partners in Access to College Education

Phone (530) 242-7790, Fax (530) 225-4876  
Room 2006, 11555 Old Oregon Trail, Redding, CA 96003

## Request for Documentation of Disability/Medical Condition

In order to receive disability-related services at Shasta College, students are required to provide documentation of their disability. Specialized counselors in Partners in Access to College Education (PACE) will review the documentation to determine eligibility for accommodations.

<b>STUDENT SECTION</b>	STUDENT NAME: _____	SSN: _____
	ADDRESS: _____	PHONE: _____
	CITY: _____ ZIP: _____	BIRTHDATE: _____
	I authorize the professional designated below to complete this form and return it to Shasta College PACE.	
	STUDENT'S SIGNATURE: _____	

Please indicate which licensed/certified professional you authorize to provide this information

Name of Licensed or Certified Professional: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

\*Diagnosis/medical condition(s) documentation is being requested for:

### To Be Completed by Licensed Professional

Please send our office information pertaining to 1) the diagnosis/medical condition listed above. 2) the type of functional limitations the condition(s) may cause in an educational setting. **Additional diagnosis/medical conditions may be provided. See the reverse side of this form for a description of the type of documentation needed for specific condition(s).**

Diagnosis: A) \_\_\_\_\_  
 If applicable, DSM Code \_\_\_\_\_  
 Date of diagnosis \_\_\_\_\_  
 Is the condition(s) permanent Yes or No  
 Is the condition temporary (include date) until \_\_\_\_\_

B) \_\_\_\_\_  
 If applicable, DSM Code \_\_\_\_\_  
 Date of diagnosis \_\_\_\_\_  
 Is the condition(s) permanent Yes or No  
 Is the condition temporary (include date) until \_\_\_\_\_

Identify the degree of limitation for major life activities or functions that are limited due to this disability/condition.

	None	Mild	Moderate	Severe		None	Mild	Moderate	Severe
Mobility on campus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sitting in classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comprehension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Manual tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stamina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attention/Focus	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Written homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Writing lecture notes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Planning/Organizing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Taking class exams	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Behavior issues in the classroom or on campus						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing visual classroom materials (i.e. printed text or seeing the board)						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processing of auditory lecture, discussion, and other orally presented information						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other _____									

I understand that the information provided will become part of the student record, subject to the Federal Family Education Rights and Privacy Act. This information will not be released by Shasta College to the student without my written authorization.

\_\_\_\_\_  
 Signature Title/License Date

# Disability/Medical Condition Documentation

Documentation should be from a licensed/certified professional qualified to diagnose/assess and identify that student's condition.

<u>Type of Disability/Condition</u>	<u>Type of Documentation Needed</u>
<p><b>Acquired Brain Injury</b> (<i>deficit in brain functioning resulting in loss of cognitive, communicative, motor, psychological, <b>and/or</b> sensory/perceptual abilities</i>). Seek documentation from:</p> <ul style="list-style-type: none"> <li>Neurologist, Neuropsychologist or Physician</li> </ul>	<ul style="list-style-type: none"> <li>Cognitive rehabilitation report/neurological assessment/medical report documenting the disability OR</li> <li>Description of the injury and impact on cognitive functions. How might the injury affect the person's participation and performance in a college/school setting?</li> </ul>
<p><b>Intellectual Disability</b> (<i>below average intellectual functioning and potential for measurable achievement in instructional and employment settings</i>). Seek documentation from:</p> <ul style="list-style-type: none"> <li>Psychiatrist, Psychologist</li> <li>College Learning Disability Specialist</li> </ul>	<ul style="list-style-type: none"> <li>Regional Center certification and/or psychological report (include standard scores for WAIS III or IV, WISC III, or WJ III Cog and any recent achievement testing) Description of adaptive behavior levels OR</li> <li>Psychological-Educational Report from prior high school</li> </ul>
<p><b>Deaf or Hard of Hearing</b> (<i>loss of hearing function which impedes language, educational, social, <b>and/or</b> cultural interactions</i>)</p> <ul style="list-style-type: none"> <li>Audiologist or Otologist</li> </ul>	<ul style="list-style-type: none"> <li>Current audiogram documenting the disability OR</li> <li>Have the licensed or certificated professional complete the Shasta College Disability Documentation form</li> </ul>
<p><b>Learning Disability</b> (<i>average to above average intellectual ability; severe processing deficit; severe aptitude-achievement discrepancy; <b>and</b> measured achievement</i>). Seek documentation from:</p> <ul style="list-style-type: none"> <li>Ed.or Clinical Psychologist; School Psychologist, Psychiatrist</li> <li>College/University Learning Disability Specialist</li> </ul>	<ul style="list-style-type: none"> <li>Psychological report documenting the disability including: Index, scale, factor, &amp; cluster, standard scores for either WAIS IV, WISC IV, or WJ III Cognitive AND Achievement test standard scores (usually WIAT, or WJ III).</li> <li>If you have recently finished high school then request that a "Psychological-Educational Report" be sent to Shasta College (IEP's rarely include the type of diagnostic information listed above)</li> </ul>
<p><b>Physical</b> (<i>serious limitation in locomotion <b>and/or</b> motor function</i>). Seek documentation from:</p> <ul style="list-style-type: none"> <li>Physician or Medical Care Provider</li> </ul>	<ul style="list-style-type: none"> <li>Medical report documenting the disability OR</li> <li>Have the licensed professional complete the Shasta College Disability Documentation form</li> </ul>
<p><b>Mental Health</b> (<i>persistent psychological/psychiatric disorder; emotional or mental illness</i>). Seek documentation from:</p> <ul style="list-style-type: none"> <li>Psychiatrist, Psychologist, Licensed Therapist; OR Physician</li> </ul>	<ul style="list-style-type: none"> <li>Psychological report documenting the DSM Code and Axis OR</li> <li>Have the licensed or certificated professional complete the Shasta College Disability Documentation form, and include DSM Code</li> </ul>
<p><b>Autism</b> (<i>Autism Spectrum disorders are defined as neurodevelopmental disorders described as persistent deficits which limit the student's ability to access the educational process.</i>)</p> <ul style="list-style-type: none"> <li>Neurologist, Neuropsychologist, or Physician</li> </ul>	<ul style="list-style-type: none"> <li>Regional Center Certification</li> <li>Psychological report documenting the DSM Code OR</li> <li>Licensed professional completes the Shasta College Disability Documentation form and includes DSM code</li> </ul>
<p><b>Blind &amp; Low Vision</b> (<i>total or partial loss of sight</i>). Seek documentation from:</p> <ul style="list-style-type: none"> <li>Ophthalmologist; Optometrist</li> </ul>	<ul style="list-style-type: none"> <li>Current vision test documenting the disability OR</li> <li>Have the Licensed or certificated professional complete the Shasta College Disability Documentation form.</li> </ul>
<p><b>Other Health Condition</b> (<i>does not fall into any of the above disabilities but indicates a need for support services</i>). Such as: Chronic medical conditions... Seek documentation from:</p> <ul style="list-style-type: none"> <li>Physician or Medical Care Provider</li> </ul>	<ul style="list-style-type: none"> <li>Medical or professional report documenting the condition OR</li> <li>Have the Licensed professional complete the Shasta College Disability Documentation form.</li> </ul>
<p><b>ADHD</b> (<i>Attention-Deficit Hyperactivity Disorder (ADHD) is defined as a neurodevelopmental disorder that is a persistent deficit in attention and/or hyperactive and impulsive behavior that limits the student's ability to access the educational process.</i>)</p> <ul style="list-style-type: none"> <li>Psychiatrist, Psychologist, Licensed Therapist; OR Physician</li> </ul>	<ul style="list-style-type: none"> <li>Psychological report documenting the DSM Code and Axis OR</li> <li>Have the licensed or certificated professional complete the Shasta College Disability Documentation form, and include DSM Code</li> </ul>