

Redwood City, CA 94061-1099



DISABILITY DOCUMENTATION

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Dear student,		
To receive services through Cañada College DRC, we must document your disability. This form may help you document your disability. This form may be completed by a Physician, Licensed Clinical Psychologist, Psychiatrist, MFT, LCSW, MD, or other licensed, credentialed or certified professional. If current disability documentation is not available, but your disability is chronic and stable, please have one of the professionals mentioned above provide information from historical records .		
NAME:	DATE:	
DOB (date of birth):	G#:	
Dear Professional: Please fill in the remainder of this form.		
Check all disabilities that apply: Mental HealthAcquired Brain InjuryAutism SpectrumDeaf/Hard of HearingIntellectual DisabilityBlind/Low vision	_Physical Disability/Mobility	
Diagnosis #1: D	rate of DX:	
If applicable DSM V Code: The condition is:Permanent/chronicRecurring Level of Severity (Circle One): MILD MODERATE S	Temporary—Duration: days/weeks	
Diagnosis #2: Date of DX: If applicable DSM V Code: The condition is: Permanent/chronic Recurring Temporary—Duration: days/weeks Level of Severity (Circle One): MILD MODERATE SEVERE		
Functional limitations due to condition:		
	ssues with walking, standing, sitting, and/or stair climbing	
U Difficulty hearing O Memory difficulties		
O Difficulty with handwriting or typingO Other:	concentrating/focusing tasks	
Recommended supports:		
O Need for preferential seating	Need for sign language interpreter	
O Need for real time captioning O Other:	Need for extra time on exams	

SIGNATURE:	(Licensed Professional)
PRINT NAME and TITLE:	LICENSE #:
ADDRESS:	
PHONE:	_ DATE: