Cañada College
DISABILITY RESOURCE CENTER (DRC)

DISABILITY RESOURCE CENTER
4200 Farm Hill Boulevard Building 5, Room 303
Redwood City, CA 94061-1099

# DISABILITY DOCUMENTATION

**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 Health ___ Acquired Brain Injury ___ ADHD
___ Autism Spectrum ___ Deaf/Hard of Hearing ___ Physical Disability/Mobility
___ Intellectual Disability ___ Blind/Low vision ___ Other Condition:_____

**Diagnosis #1:** _____ **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

**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:**

- Difficulty seeing
- Physical issues with walking, standing, sitting, and/or stair climbing
- Difficulty hearing
- Memory difficulties
- Difficulty with handwriting or typing
- Difficulty concentrating/focusing tasks
- Other: _____

**Recommended supports:**

- Need for preferential seating
- Need for sign language interpreter
- Need for real time captioning
- Need for extra time on exams
- Other: _____

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