

**DOWNEY ADULT SCHOOL
DISABLED STUDENT PROGRAMS & SERVICES
12340 WOODRUFF AVE., DOWNEY, CA 90241
(562) 940-6204 FAX: (562) 940-6221**

DISABILITY DOCUMENTATION

Dear Student,

To receive services through DAS Disabled Student Programs & Services, 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 _____

ADDRESS: _____ STATE: _____ ZIP: _____

PHONE: (Home) _____ (Cell) _____

DOB (Date of Birth) _____ STUDENT ID: _____

Dear Professional: Please fill in the remainder of this form.

Check all disabilities that apply:

Mental Health Acquired Brain Injury Learning Disability ADHD
 Autism Spectrum Deaf/Hard of Hearing Physical Disability
 Intellectual Disability Blind/Low vision Other Disability _____

Diagnosis #1: _____

This condition is: Permanent/chronic Recurring Temporary – duration: _____ days/weeks

Level of Severity: Mild Moderate Severe Date of Diagnosis: _____

Diagnosis #2: _____

This condition is: Permanent/chronic Recurring Temporary – duration: _____ days/weeks

Level of Severity: Mild Moderate Severe Date of Diagnosis: _____

This/these condition(s) and/or the medication prescribed result(s) in the following functional limitations:

Difficulty seeing, hearing or speaking Memory problems
 Difficulty concentrating/focusing on tasks Difficulty communicating needs
 Panic in unfamiliar surroundings/situations Poor stamina/endurance
 Difficulty formulating and executing plan of action Trouble breathing
 Trouble learning/performing cognitive tasks
 Physical issues related to walking, standing, sitting, writing/performing manual tasks, and/or stair-climbing
 Need for special assistance, such as note-takers, test-taking assistance, special seating, and/or interpreters, etc.
 Other _____

SIGNATURE: _____

Licensed Professional

PRINT NAME: _____

PRINT TITLE: _____ LICENSE#: _____

ADDRESS: _____

PHONE: _____ DATE: _____