

**Verification of Disability**

I request that this form be completed and returned, along with any supporting documentation

regarding my condition to: ☐ Disability Access and Education Office (see above) ☐ Myself

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

The Disability Access and Education office at Fresno Pacific University provides services and/or accommodations for students with disabilities intended to facilitate equal access to educational opportunities. To determine eligibility for services and/or accommodations, current and comprehensive documentation regarding a physical or mental condition and its impact on the student's function is required from a licensed medical professional qualified to diagnose and treat the particular condition(s).

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To be Completed by Licensed Professional Only\*\*

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Beginning date of treatment \_\_\_\_\_ Date of Last Contact \_\_\_\_\_

Does the student have a condition that impairs a major life function? ☐ Yes ☐ No

Is this an on-going therapeutic relationship? ☐ Yes ☐ No

What is the anticipated duration of the current symptoms?

☐ 6 months ☐ 1 year ☐ more than 1 year ☐ chronic ☐ other \_\_\_\_\_

How might the student's condition affect his/her academic performance?

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How might the condition affect living on or getting around campus?

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\*\*This form will be disregarded if it is completed by a relative or someone whose primary relationship to the student is that of a friend.

## Major Life Activities

Below is a checklist of major life activities that could be affected by the student's condition.

Please check all that apply.

Major Life Activity	No Effect	Mild Effect	Moderate Effect	Substantial Effect
Caring for one's self	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleeping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hearing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Breathing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Listening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Speaking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Seeing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reading	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Standing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sitting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Walking	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Learning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Writing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Concentrating	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memorizing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Performing manual tasks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interacting with others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing internal distractions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing external distractions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Managing stress	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organizing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Making and keeping appointments				
Regular and timely attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Maintaining deadlines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**For any item below, attach additional sheets and/or test results if necessary.**

What are your recommendations for reasonable accommodations?

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If applicable, list foods that need to be restricted from the diet. Include a brief description of the reason for the restriction (i.e. severe/moderate/mild allergy, acid reflux, sensitivity/intolerance, etc.):

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If the student is requesting an emotional support animal, what specific symptoms are alleviated, and how by the presence of an animal?

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Is there evidence that your recommended accommodations or treatment, which may or may not include an emotional support animal, mitigates the student's symptoms, or lessens the barriers caused by a disability to college-level coursework and/or living in on-campus housing? Please explain or attach test results, if applicable.

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### **HEALTHCARE PROVIDER INFORMATION**

The information provided is accurate to the best of my knowledge and the condition for which I treat the student is within the scope of my professional licensure or certification.

Print Name, Title, Credentials \_\_\_\_\_

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Address \_\_\_\_\_ Phone# \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

☐ A business card must be attached for application for services/accommodations to be considered.