



Verification of Medical and Psychological Conditions

Disabled Student Programs & Services

To be completed by a qualified licensed professional

Mt. San Antonio College requests the following information to document medical and psychological conditions for purposes of establishing eligibility for disability-related services and accommodations within the college context.

Student's Name: _____ Date of Birth: _____ Date of Last Visit: _____

1. Primary Medical Condition:

Is the medical condition considered permanent? Yes No
If NO, expected duration of disability: _____

2. Primary Psychological Condition (Please include DSM-IV code and Axis):

3. Secondary Medical or Psychological Condition(s):

4. What are the symptoms that currently affect this individual's major life activities?

5. How severe would you rate the impact of the condition(s) upon the student's overall functioning?

- Mild Moderate Severe Fluctuating

6. What treatments or interventions (e.g. medication, counseling, etc.) do you consider appropriate at this time?

PLEASE COMPLETE REVERSE SIDE ALSO

7. How successful has the student been in responding to current or past treatments or interventions?

8. What recommendations do you have for this student in a college setting?

9. When do you recommend a re-evaluation of the student's condition(s)?

Other comments: (For visual limitations, please include corrected visual acuity. For hearing loss, please attach most recent audiogram. If taking prescribed medication, please indicate any side effects.)

Signature of Diagnosing Professional

Printed Name of Diagnosing Professional

Area of Specialty

Supervisor's Name (if unlicensed)

License # of Diagnosing Professional Or Supervisor

Practice Address:

Telephone #: _____

Fax #: _____

Date: _____

Return to:

Mt. San Antonio College, DSP&S Verifications

Student Services Center - Bldg. 9B, 1100 N. Grand Avenue, Walnut, CA 91789

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