

# Accessibility Resource Centers for Students (Formerly DSPS)

Student Services Building, 9B Lower Level  
Voice: (909) 274-4290, Fax: (909) 274-2943, Video Phone: (866) 954-4765

## Tram Service Verification

Student's Full Name	Mt. SAC ID Number	Date of Birth

This student is requesting services from Accessibility Resource Centers for Students (ACCESS). Our campus is large and hilly, and can be a challenge to students with mobility impairments. In order to better serve this student's specific needs, we need some additional information from you to verify their disability. Students can qualify for tram service with a verified physical disability, resulting in a functional limitation in mobility.

**To be completed by physician.** Please circle any limitations this student has in the following areas:

<b>Walking</b>					
Is the student limited in walking distances?	Yes	No			
How far can he/she walk before resting?	<300 ft	<500 ft	<1000 ft	<1/2 mile	<1 mile
Does the student walk at a significantly slow pace?	Yes	No			

<b>Surfaces</b>					
Can the student walk on a gradual <b>incline</b> ?	Yes	No	<b>Decline?</b>	Yes	No
Can the student walk <b>up</b> a moderate grade?	Yes	No	<b>Steep</b> Grade?	Yes	No
Can the student walk <b>down</b> a moderate grade?	Yes	No	<b>Steep</b> Grade?	Yes	No
Can the student walk on uneven surfaces, such as grass?	Yes	No			

<b>Stairs</b>				
Can the student climb stairs?	Unable	<6	<12	>1 flight
Can the student descend stairs?	Unable	<6	<12	>1 flight

**Student's Medical Diagnosis:** \_\_\_\_\_

Is the student affected by any of the following?

- |   |   |
|---|---|
| <input type="checkbox"/> Seizures       | <input type="checkbox"/> Exacerbations of their condition |
| <input type="checkbox"/> Imbalance      | <input type="checkbox"/> Extremes of temperature          |
| <input type="checkbox"/> Poor Endurance | <input type="checkbox"/> Respiratory difficulties         |

Are there any other medical limitations or concerns we should be aware of?

\_\_\_\_\_

\_\_\_\_\_

This student will require tram service for:  <3 months  3-6 months  6-12 months  Permanently

Verifying Physician (typed or printed)	Verifying Physician Signature	License #	Date
Address	City, ST Zip	Phone Number	Fax Number

**Do not go below this line – ACCESS Staff Only**

Tram Service:  Approved  Denied

DSP&S Counselor's Signature \_\_\_\_\_ Date \_\_\_\_\_