

Information for Students with Disabilities

UC Davis is committed to ensuring equal access to educational opportunities for students with disabilities. An integral component in the implementation of that commitment is the coordination of academic accommodations and support services through the Student Disability Center (SDC).

Eligibility

In addition to the student's declaration of disability, the SDC requires current and complete documentation from the student's diagnosing, treating clinician. Qualified clinicians are licensed, non-familial, follow established practices in the field, and are most often physicians, licensed psychologists, psychiatrists, Social Workers, or licensed therapists. Documentation must describe how the disability limits one or more major life activities and to what extent the student experiences disability-related, academic limitation. Letters should contain ALL of the following information:

- Student's name, ID number, Declaration disability is present, and Signature
- Name, Title, License Number, Address, and Signature of qualifying, diagnosing clinician
- Statement by the clinician that a disability is present
- Explanation and/or basis for diagnosis (tests, clinical interview, observations, history)
- Date disability first diagnosed, date clinician first treated student, most recent visit, expected duration of disability
- Detailed description of current functional limitations
- Statement of the extent to which limitations are mitigated by treatment and side effects of treatment if any

Please keep in mind, documentation should be written within a reasonable timeframe relative to the disability. Incomplete information may slow or delay the accommodation approval process.

Accommodations and Support Services Request

Accommodations are considered on an individual basis and determined within the context of the student's interview, current functional limitation(s), course requirements, and academic program. After establishing eligibility, each quarter the student must request accommodations utilizing the on-line Student Portal (<https://sdc.ucdavis.edu/>). Once accommodation requests have been made, it is advised that the student contact each instructor to confirm arrangements and logistics for exam/classroom accommodations. If you have questions or concerns about the documentation or accommodation process, please contact your SDC Specialist or the Student Disability Center.

University of California, Davis – Student Disability Center
Mailing Address: One Shields Avenue, Davis CA 95616
Campus Location: 54 Cowell Building – 425 California Avenue
(530) 752-3184 voice – (530) 752-0161 fax – Email: sdc@ucdavis.edu

Student Name: _____ Student ID # _____ DOB _____

This request for information regarding my disability is being provided to you in connection with my application for academic support services from the Student Disability Center (SDC) at the University of California, Davis. The SDC requires current and comprehensive documentation of my disability from a qualified diagnosing professional as part of the process to determine my eligibility for reasonable and appropriate academic adjustments based on functional limitations resulting from my condition. "Qualified diagnosing professionals" include licensed clinicians whose scope of training and experience include diagnosis and treatment of adults. Please respond to the following questions as soon as possible and return to the SDC by fax (530-752-0161) or email (sdc@ucdavis.edu).

By signing the attached release, I declare that I have been diagnosed with disability and that I am currently experiencing limitations related to my disability. I authorize the SDC to contact my clinician if clarification is needed.

Student Signature _____ Date _____

Diagnosing Professional Name *(please print)*

Title: _____ License # _____

Address: _____

Phone: _____ Fax: _____

Does the above named student have a disability? _____

How was the diagnosis of a disability determined? (tests, clinical interview, observations, history, other)

Clinical description of disability _____ Date disability first diagnosed _____

Date you first diagnosed student with a disability _____

Most recent visit/contact with student _____ Expected duration of disability _____

Description of treatments, assistive devices and their estimated effectiveness

Description of Functional Limitation(s)

Functional Limitation	None	Mild	Moderate	Severe	Note: <i>Please include note of functional limitations if moderate or severe impact is indicated</i>
Seeing					
Hearing					
Walking					
Sitting					
Sleeping					
Concentrating					
Memory					
Information Processing					
Reading					
Hyperactivity					
Executive Functioning					
Mood Regulation					
Medical					
Other					
Other					

If applicable, please attach cognitive achievement test scores, audiogram, and/or other relevant information

Clinician's Signature: _____ Date: _____

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