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.
Student Information

Legal Name:________________________________________ Student ID #______________ DOB _______________

Preferred Name*: _________________________________________ Pronouns: _______________________________

*Please note that to update your preferred name in SDC and campus systems, you will need to indicate your preferred name in the UC Davis Directory: https://registrar.ucdavis.edu/records/preferred-name

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)

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<th>Functional Limitation</th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
<th>Note: <em>Please include note of functional limitations if moderate or severe impact is indicated</em></th>
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*If applicable, please attach cognitive achievement test scores, audiogram, and/or other relevant information*

Clinician’s Signature: __________________________________________ Date: __________________________