



PACIFICA

GRADUATE INSTITUTE

Disability Documentation Form

The Disability Services Office at Pacifica Graduate Institute is responsible for providing students with disabilities equal access to their education. To receive academic adjustments under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), students at Pacifica Graduate Institute must provide documentation from an appropriately trained evaluator demonstrating a disability as defined by federal legislation.

Federal law requires that students' requests for academic adjustments, auxiliary aids, and other accommodations be determined on a case-by-case basis. This form was created to facilitate the individualized review of each student request so that Disability Services may determine what, if any, academic adjustments, auxiliary aids, and/or accommodations a student with ADHD may be eligible to receive.

This information submitted to the Disability Services Office should reflect the most currently available information. **Documentation must include the following information:**

1. Date of most recent visit to medical provider or diagnostician.
2. A clear indication of the existence of a medical or mobility impairment
3. A summary of assessment procedures and evaluation instruments used to diagnose the impairment.
4. Specific functional limitations related to the condition, especially those involved in attending a post-secondary educational institution
5. A description of treatments and their estimated effectiveness in minimizing the impact of the impairment.
6. Medication side effects, if any.
7. Prognosis and anticipated duration of limitations and impairment.

Please submit documentation directly to the Disability Services Office at Pacifica Graduate Institute. All documentation will be held strictly confidential as a student record. This form may be released at the student's request.

Submit Information to:

Disability Services Office, Pacifica Graduate Institute, 249 Lambert Road, Carpinteria, CA 93013
FAX: (805) 565-1932 or E-MAIL: msandoval@pacifica.edu



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Date: _____

Student Name: _____ Birthdate: _____
Last First M.I.

A student you are treating has notified the Disability Services Office at Pacifica Graduate Institute of his/her treatment with you. The Disability Services Office requires comprehensive documentation in order to determine if the condition rises to the level of disability and, if so, determine appropriate academic support services.

1. What is the specific diagnosis?

2. What is the Overall Level of Severity (check one):

Mild Moderate Severe Partial Remission Residual State

3. Were any specific assessments or evaluation procedures used to make the diagnosis? Please explain.

4. If appropriate, please provide any historical data used in making the diagnosis, including additional diagnoses, if applicable.

5. Please note significant symptoms impacting one or more life functions:

Symptom	Level of Significance		
	<i>Mild</i>	<i>Moderate</i>	<i>Severe</i>
_____	1	2	3
_____	1	2	3
_____	1	2	3
_____	1	2	3
_____	1	2	3

6. Please provide a list of medication(s), dosage and side effects.

7. Provide an individual assessment of side effects of medication, if any.

8. What are the current limitations imposed by this disorder?

9. When did you last see this individual and what is the prognosis? Is the individual currently in treatment with you?

10. The student was (or is being) seen:

Weekly Monthly As needed Other: _____

11. Please share any specific recommendations regarding academic accommodations for this student. Include a ***rationale*** relevant to this student's functional limitations:

HEALTHCARE PROVIDER INFORMATION
(Please sign and date below and fill in all other fields legibly)

Provider Signature: _____ Date: _____

Provider Name (Print): _____

Title: _____

License or Certification #: _____

Address: _____

Phone Number: _____ Fax Number: _____

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