

GOLDEN GATE UNIVERSITY

Disability Verification Form

Golden Gate University provides reasonable accommodations to students with a disability that substantially limits one or more major life activities. Reasonable and appropriate accommodations are defined as alternative means to access information or facilities, or alternative ways to demonstrate knowledge, without compromising essential academic objectives and without undue financial or administrative burden on the institution. Verification requires documentation from a qualified licensed professional.*

Please return the completed form by U.S. mail or email.

Mail: Office of Accessible Education,
Golden Gate University
536 Mission Street
San Francisco, CA 94105

Email: lawds@ggu.edu (law programs)
gguds_shared@ggu.edu (non-law programs)

* Diagnosis of a physical condition should be made by one of the following licensed professionals: physician, LPN, physical therapist, or occupational therapist.

Diagnosis of a psychological condition should be made by one of the following licensed professionals: clinical social worker, mental health counselor, clinical or counseling psychologist, or psychiatrist.

Name of Student (First, Middle Initial, Last)

Date of Birth

The information provided will be used for the sole purpose of determining eligibility for accommodations, and may be released to the student upon written request. Please attach any additional pages needed to fully answer the following questions. Thank you for writing legibly.

Type of Disability: ___ Physical ___ Psychological

Are you currently treating the above-named student? _____

Date of first contact: _____ Date of last examination/assessment: _____

Diagnosis (ICD-10-CM code is helpful):

How long has the student had this condition? _____

The condition is: ___ Permanent/Chronic ___ Episodic ___ Temporary (give expected duration below)

The severity is: ___ Mild ___ Moderate ___ Severe ___ Stable ___ Prone to exacerbation

Please provide relevant detail about the duration and severity: _____

How did you arrive at the diagnosis? Please include any relevant tests and/or procedures performed and the date of administration. Attach additional pages or copies of the test results, if appropriate.

What, if any, major life activities are affected by the student's condition? Major life activities include, but are not limited to, functions such as caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating, and working. A major life activity includes the operation of a major bodily function (e.g., cellular, neurological, reproductive and immune systems).

Describe how you expect the condition to affect the student's academic performance.

Is the student taking any medication for the condition? No ____ Yes ____ (If yes, list below, and describe whether the student experiences side effects that would affect academic performance.)

Accommodations at the post-secondary level are intended to provide equal access to course instruction and materials to students with disabilities. Please list **in-class accommodations** you recommend for the student. (Examples include, but are not limited to: course notes, use of a voice recorder, electronic textbooks, use of a computer, adjustable/ergonomic chair, etc.). For each recommended accommodation, provide the rationale based on the student's current functional limitations. Attach additional pages if necessary.

Exams in the school of law are typically two to three hours in length; students may choose to hand write or type essay responses on a laptop computer. Please list **exam accommodations** you recommend for the student. (Examples include, but are not limited to: reduced-distraction testing environment, extended time, off-the-clock breaks, use of a computer, adjustable chair, standing desk, etc.) If you are recommending extended time and/or breaks, please be specific (e.g., extended time of 15 minutes per hour; a five-minute break every hour). For each recommended accommodation, provide the rationale based on the student's current functional limitations. Attach additional pages if necessary.

You are welcome to provide any additional information you believe is relevant to the student's accommodation request.

By signing below you certify that:

- You are the individual who completed this form;
- You are a licensed professional who has undergone appropriate and comprehensive training and possesses relevant experience, qualifying you to make the diagnosis and determinations described above; and
- You have no personal or family relationship with the student named above.

Signature

Name

Profession/Specialization

License number

Name of Practice

Address

Phone

Please return this form directly to Golden Gate University,
as indicated on the cover page. For questions, email lawds@ggu.edu (law programs);
gguds_shared@ggu.edu (non-law programs) or call (415) 442-7076.