



21250 Stevens Creek Blvd.
Cupertino, CA 95014

Date: _____

Dear Health Professional:

The patient named on the attached De Anza College **Disability Verification Form** has requested that his/her disability be verified. This documentation is for the purpose of making him/her eligible for special courses or disability-related services and is required by the California Educational Code, Title V.

Eligible conditions and the authorized health professionals who may verify them and sign the Disability Verification Form are described on the attached "Disability Definitions and Documentation".

INSTRUCTIONS:

1. **Items 1 – 5--must be completed.**
2. **Item 2—at least one “MAJOR LIFE ACTIVITY”** limitation must be checked in order for the student to be eligible.
3. **Form must be COMPLETED and SIGNED by the health professional** qualified to diagnose and treat the specific condition. (See attached "*Disability Definitions and Documentation.*")
4. **Please return this by FAX**, unless requested otherwise by student. (*Attach any medical, psychological and/or educational documentation.*)

**DE ANZA COLLEGE
DISABILITY SUPPORT SERVICES
FAX (408) 864-5492**

If your patient plans to enroll in adapted physical education classes, we will consider this signed form as a release for your patient to participate in an adapted physical activity program. Please indicate any restrictions or other recommendations, if appropriate.

This completed form must be returned to Disability Support Services before the student can participate in special classes or receive disability – based accommodations.

Thank you for your prompt attention on behalf of your patient. If you have questions, please call our office at (408) 864-8753.

Sincerely,

Kevin Glapion, M.S., C.R.C.
Executive Head / Counselor / Instructor
Disability Support Services