

Services to Students with Disabilities  
University Hall 183  
California State University, San Bernardino  
5500 University Parkway, San Bernardino, CA 92407  
(909) 537-5238 Voice (909) 537-7230 TDD (909) 537-7090 Fax  
e-mail: <mailto:ssd@csusb.edu>  
<http://enrollment.csusb.edu/~ssd>

## **Application for Services**

This office provides academic support services to students with temporary or permanent disabilities. Both prospective and current CSUSB students are encouraged to contact Services to Students with Disabilities (SSD) early in their educational program.

- Step 1** Complete the Student Information Form
- Step 2** Provide documentation of disability
- Step 3** Meet with the appropriate SSD staff member

Attached: Student Information Form

Documentation of Disability

Documentation Guidelines for Learning Disabilities

**California State University, San Bernardino  
Services to Students with Disabilities  
STUDENT INFORMATION FORM**

**TO BE COMPLETED BY STUDENT**

**IMPORTANT:** Students are responsible for providing the Services to Students with Disabilities (SSD) Office with documentation verifying their disability. SSD staff will review documentation to determine eligibility for program participation. Filling out this form does not guarantee eligibility.

**I. GENERAL INFORMATION**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Coyote ID#: \_\_\_\_\_ Date of Birth \_\_\_\_\_

CSUSB E-mail: \_\_\_\_\_ @csusb.edu

Street Address: \_\_\_\_\_

P.O. Box: \_\_\_\_\_ Apt #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Alternate Phone: (    ) \_\_\_\_\_

**II. CATEGORY OF DISABILITY**

\_\_\_\_\_ Visually Impaired \_\_\_\_\_

\_\_\_\_\_ Communication Impaired \_\_\_\_\_

\_\_\_\_\_ Hearing Impaired \_\_\_\_\_

\_\_\_\_\_ Learning Disability \_\_\_\_\_

\_\_\_\_\_ Psychological Disability \_\_\_\_\_

\_\_\_\_\_ Mobility Impaired \_\_\_\_\_

\_\_\_\_\_ Other Functional Limitation \_\_\_\_\_

**Office Use Only**


**Disability Status:**     Temporary     Permanent

### III. SCHOOL INFORMATION

Last School Attended: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

### IV. CSUSB INFORMATION

1<sup>st</sup> Quarter of Attendance: \_\_\_\_\_

Major: \_\_\_\_\_

Expected Graduation Date: \_\_\_\_\_ Degree: \_\_\_\_\_

Career Goal: \_\_\_\_\_

Do you have a documented history of learning disabilities?  Yes  No

Are you currently on academic probation/academically disqualified?  Yes  No

### V. EMERGENCY CONTACT

Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# California State University, San Bernardino SERVICES TO STUDENTS WITH DISABILITIES

## DOCUMENTATION OF DISABILITY

The following guidelines are to be used to verify and describe your patient's disabling conditions. Please be clear as to how these conditions constitute "an impairment which substantially limits one or more major life activities." Detail the impact on your patient's ability to function as a CSUSB student without specific accommodation of his/her disability.

**Functional Impairment:** Provide a current diagnosis and description of related functional limitations resulting from your patient's disabling condition.

**Hearing Impairment:** Provide a copy of your patient's most recent audiogram, along with a detailed diagnosis and description of the disability.

**Mobility Impairment:** Provide a current diagnosis and description of related functional limitations resulting from your patient's disabling condition.

**Psychological Disability:** Provide complete DSM-IV diagnosis, summary of evaluation results and any additional psychological and/or neurological testing results. Past and present symptoms should be stated clearly.

**Visual Impairment:** Provide documentation of your patient's most recent visual acuity and/or visual field examination results, along with a detailed diagnosis and description of the disability.

**Learning Disability:** See separate form.

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Name of Student: \_\_\_\_\_ SSN: # # # - # # - \_ \_ \_ \_

**To be completed by licensed professional or professional documenting disability.**

The provision of appropriate supportive services is contingent upon receipt of this completed information and evaluation by the Office of Services to Students with Disabilities. Your prompt reply is appreciated.

Please provide the following information in full:

**Diagnosis (Including ICD-10/DSM-IV code and current symptoms):** \_\_\_\_\_

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**Severity:**  Mild  Moderate  Severe  Partial remission  Residual state

**Condition:**  Permanent  Temporary until \_\_\_\_\_

**Date of Diagnosis:** \_\_\_\_\_ **Date of last visit:** \_\_\_\_\_

**List current medications:**

Name	Dosage	Frequency	Side Effects

**Describe how the disability substantially limits major life activities:**

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**Statement of impact and specific functional limitations relating to academic performance:**

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Signature of Licensed Professional

Date of Verification

Print Name/Title

License Number

Address

Phone Number

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Documentation Guidelines for Learning Disabilities

To participate in the assessment process, students must present appropriate documentation of their disability. Test instruments used must have been normed on an adult population.

1. The evaluation must be performed by a professional whose education, training and experience render that person qualified to diagnose learning disabilities in adults. Examples of such professionals include the following:
  - A. Licensed Educational Psychologist
  - B. Licensed Clinical Psychologist
  - C. School Psychologist
  - D. Learning Disability Specialist
  - E. Neuropsychologist
  
2. The documentation must be representative of the student's current level of functioning as it pertains to the academic environment and must include all of the following:
  - A. The name, title, license, certification or credential information of the evaluator (The diagnostician should not be a family member)
  - B. Date of assessment
  - C. Summary of procedures and assessment instruments used
  - D. Summary of test results including all behavioral observations, standard scores for all subtest, composite, and index standard scores compared to same age peers
  - E. Summary of relevant history
  - F. Statement of severity
  - G. Statement of the impact on the student's academic performance
  - H. Recommendations for academic adjustments and accommodations to minimize the impact of the learning disability on the student's performance
  - I. Narrative report including a clear statement of the presence of a processing disorder or learning disability, discussion of possible alternative explanations for results, a statement of strengths and functional limitations, and suggestions for reasonable accommodations which must be directly linked to the stated limitations and supported by standard scores
  
3. Documentation must include at least one each from A and B:
  - A. Tests of aptitude/cognitive ability such as:
    - 1) *Wechsler Adult Intelligence Scale-III (WAIS-III)*
    - 2) *Woodcock-Johnson Psycho-Educational Battery-III (WJ-III) – Cognitive Battery (preferred)*
    - 3) *Stanford-Binet Intelligence Scale – IV*
    - 4) *Kaufman Adolescent & Adult Intelligence Test*

- B. Tests of achievement such as:
- 1) *Woodcock Johnson Psycho-Educational Battery-III (WJ-III) – Achievement Battery*
  - 2) *Wechsler Individual Achievement Test -- II*

Optional: Specific subject area achievement tests can be administered in addition to those above to clarify individual strengths and weaknesses when the results are interpreted within the context of other diagnostic information. These tests include:

- (a) *Nelson-Denny Reading Skills Test*
- (b) *Stanford Diagnostic Mathematics Test*
- (c) *Stanford Test of Academic Skills*
- (d) *Scholastic Abilities Test for Adults*
- (e) *Test of Written Language – III (TWOL-3)*
- (f) *Woodcock Reading Mastery Tests – Revised*

Note: The *Slosson Intelligence Test*, the *Kaufman Brief Intelligence Test*, the *Wide Range Achievement Tests* and the *Nelson-Denny Reading Test* are not considered to be comprehensive measures and thus are not adequate if used as the sole measure.

4. Special assessment requirements for a **mathematics** disorder minimally must include the following

WJ-III

Cognitive

Tests 1, 3, 4, 5, 6, 7, 9, 11, 15, 16, 17

WAIS-III

Tests Ari, DS, LNS; Cod, FR, Pair, Copy, SS; Inf; MR

5. Special assessment requirements for a **reading** disorder minimally must include the following

WJ-III

Cognitive

Tests 1, 6, 7, 9, 11, 16, 17

WAIS-III

Tests Comp, Sim, Voc, Inf, DS, LNS, SS, Cod, FR, Pair, Copy

6. **Information processing** acceptable instruments include

*Detroit Tests of Learning Aptitude – Adult (DTLA-A)*

*Woodcock-Johnson Psycho-Educational Battery-III (WJ-III) –Cognitive*

*Bender Gestalt Visual Motor Test*

These Documentation Guidelines for Learning Disabilities are taken from the Best Practices established by the Association on Higher Education and Disability (AHEAD [www.ahead.org](http://www.ahead.org)), and from the Policy Statement for Documentation of a Learning Disability in Adolescents and Adults established by the Educational Testing Service ([www.ets.org/distest/ldpolicy](http://www.ets.org/distest/ldpolicy)).