



## Disability Services Office

Laboratory Building  
Telephone: (707) 654-1561  
scase@csum.edu

### Verification of Diagnosis

The student named below may be eligible for disability services at Cal Maritime. The provision of appropriate services is contingent upon receipt of this completed information. Cal Maritime must have verification of a disability, within the meaning of the law, and of the resulting functional limitations. Please attach a cover letter on practice letterhead with this completed form.

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**Student Name**

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**Date**

1. Diagnosis(es) description:

- Diagnosis(es) utilizing diagnostic categorization or classification of the ICD or DSM IV. Diagnoses should indicate primary, secondary, etc., and significant findings, particularly with respect to presenting problems.
- Date that the examination, assessment, or evaluation was performed for the presenting diagnosis, or if following the student for an extended time, date of onset and date of an evaluation of the condition that is recent enough to demonstrate the student's **current** level of functioning.
- Tests and methodology used to determine disability. *PLEASE do not send copies of the student's medical records.*

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Date of Diagnosis: \_\_\_\_\_

2. Describe functional limitations and severity of impact in an educational setting:

- Identification of the current functional impact on the student's physical, perceptual and cognitive performances in activities such as mobility, self-care, note taking, laboratory assignment, testing/examinations, housing conditions, or arrangements.
- Description of how the need for service or assistance animal relates to the ability of the student to succeed at Cal Maritime.

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