



CALIFORNIA STATE UNIVERSITY  
**SAN BERNARDINO**  
Services to Students with Disabilities



5500 University Parkway  
University Hall, Room 183  
San Bernardino, CA 92407

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### **Application for Services**

This office provides academic support services to students with temporary or permanent disabilities. Both prospective and current CSUSB Coyote First Step 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 Guidelines  
Documentation Guidelines for Learning Disabilities  
Disability Verification Form  
Department of Rehabilitation Form

**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: \_\_\_\_\_ M.I. \_\_\_\_

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

CSUSB Email: \_\_\_\_\_ @coyote.csusb.edu

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

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

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

Phone Number: (\_\_\_\_) \_\_\_\_\_ Circle One: Home      Work      Cell

Phone Number: (\_\_\_\_) \_\_\_\_\_ Circle One: Home      Work      Cell

**II. CATEGORY OF DISABILITY (Check all that apply)**

- Cognitive \_\_\_\_\_
- Hearing \_\_\_\_\_
- Learning \_\_\_\_\_
- Physical \_\_\_\_\_
- Psychological \_\_\_\_\_
- Speech \_\_\_\_\_
- Visual \_\_\_\_\_
- Other \_\_\_\_\_

**Office Use Only**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Received

**Disability Status:**       Temporary       Permanent

**III. SCHOOL INFORMATION**

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

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

**IV. CSUSB INFORMATION**

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

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

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

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

**V. EMERGENCY CONTACT**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

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

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(If under 18 years of age)

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

**DOCUMENTATION OF DISABILITIES**

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 detailed diagnosis and description of 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/V 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 most recent visual acuity and/or visual field examination results, along with a detailed diagnosis and description of disability.

**Learning Disability:** See separate form.

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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 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 reporting 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-IV)
    - 2) *Woodcock-Johnson Psycho-Educational Battery-III* (WJ-III)- Cognitive Battery (preferred)
  
    - 3) *Stanford-Binet Intelligence Scale-V*

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 or III*

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 Tests* 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:
  - A. WJ-III Cognitive Tests: 1,3,4,5,6,7,9,11,15,16,17
  - B. WAIS-IV Tests: VCI + PRI + GAI + MR + VP + FW + ARI + BD + PC
5. Special assessment requirements for a **reading** disorder minimally must include the following:
  - A. WJ-III Cognitive Tests: 1,6,7,9,11,16,17
  - B. WAIS-IV Tests: VCI + PRI + GAI + Sim + Voc + Comp + Inf + Ari
6. **Information processing** acceptable instruments include:
  - A. *Detroit Tests of Learning Aptitude- Adult (DTLA-A)*
  - B. *Woodcock-Johnson Psycho-Educational Battery-III (WJ-III)- Cognitive*
  - C. *Bender Gestalt Visual Motor Test*
  - D. *WAIS-IV FSIQ + PSI + Cancel + FW + VP + PC + Cd + SS*

These Documentation Guidelines for Learning Disabilities are taken from the Guidelines of a Learning Disability in Adolescents and Adults 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)).

**Disability Verification Request**  
**Services to Students with Disabilities**  
**CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO**

Student Name: \_\_\_\_\_ DOB#: \_\_\_\_\_

***This form is to be completed in full by a licensed professional.***

**Diagnoses (Including ICD/DSM-IV codes):**

**Date:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**Condition:**  Permanent     Temporary until \_\_\_\_\_ **Date of last visit:** \_\_\_\_\_

**List current medications:**

Medication	Dosage	Frequency	Patient Reported Side Effects

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

\_\_\_\_\_  
 \_\_\_\_\_

**State the impact and specific functional limitations relating to academic performance:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Licensed Professional

Date of Verification

Print Name/Title

License Number

Address

Phone Number

Received



# WorkAbility IV

## DEPARTMENT OF REHABILITATION INFORMATION

WorkAbility IV (WA-IV) is an interagency program between the California State University, San Bernardino (CSUSB) and the California State Department of Rehabilitation (DOR). The WA-IV Program is designed to create career options and opportunities for students with disabilities who are supported by DOR and complete their degrees at CSUSB.

There are **two requirements** for participation in WA-IV:

- (1) You are enrolled at CSUSB, and
- (2) You receive services from DOR.

Are you a client of the California State Department of Rehabilitation?

 Yes No

If **yes**, are you interested in finding out more about WorkAbility IV?

 Yes No

Name: \_\_\_\_\_

SID #: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ CSUSB Email Address: \_\_\_\_\_

Your DOR Counselor's Name: \_\_\_\_\_

Your DOR Counselor's Office Location: \_\_\_\_\_

Your Signature and Date: \_\_\_\_\_