Dear Student:

If you are participating in the Coyote First Step Program in math or English at Cal State San Bernardino (CSUSB) and have a disability, please follow the steps below to request disability accommodations and services:

1. Submit disability documentation to Services to Students with Disabilities (SSD) in person (University Hall, Room 183), via email (ssd@csusb.edu), fax (909-537-7090) or mail to:

   Services to Students with Disabilities  
   California State University, San Bernardino  
   5500 University Parkway, UH-183  
   San Bernardino, CA 92407

   For information about Services to Students with Disabilities’ documentation guidelines, please go to http://ssd.csusb.edu/policiesProcedures/documentation.html.

2. Include your full name, Coyote ID# (if you have one), a daytime phone number or email address. Include that you are applying for services for the Coyote First Step Program.

3. Submit disability documentation and your contact information to SSD at least 15 working days in advance of the first day of the Coyote First Step Program.

4. SSD will review your request, make arrangements for accommodations and services, and contact you.

5. For questions, please contact SSD at 909-537-5238 or at ssd@csusb.edu.

Please be advised that this process is for the Coyote First Step Program only and does not establish eligibility or ensure services and accommodations as a regularly attending CSUSB student. If you will take other classes at CSUSB in the summer or fall, you will need to apply for disability services as a regularly attending CSUSB student. You may go to http://ssd.csusb.edu/policiesProcedures/receivingServices.html for an application and more information.

Sincerely,

Services to Students with Disabilities  
California State University, San Bernardino
909-537-5238  
ssd@csusb.edu
Coyote First Step

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 _________________________________________________________________

Disability Status: ☐ Temporary ☐ Permanent

Office Use Only

________________________________________

________________________________________

________________________________________

________________________________________

________________________________________

Received
III. SCHOOL INFORMATION

Last School Attended: ________________________________

Dates of Attendance: ________________________________

IV. CSUSB INFORMATION

1st 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)

Updated: 5/2/14
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 completes 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 visual acuity and/or visual field examination results, along with a detailed diagnosis and description of disability.

**Learning Disability:** See separate form.
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 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) 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).
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:

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<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Frequency</th>
<th>Patient Reported Side Effects</th>
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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

5500 University Parkway, UH183, San Bernardino, CA 92407
Phone 909.537.5238 ~ Fax 909.537.7090
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: ________________________________

California State University, San Bernardino  
5500 University Parkway, San Bernardino, CA 92407  
(909) 537-7207 Voice    Fax (909) 537-7755  
Email:WAIV@csusb.edu    http://WorkAbilityIV.csusb.edu