

Disability Verification Form: Acquired Brain Injury

One of your patients has notified the Disabled Students Program (DSP) of your recent evaluation/diagnosis and treatment of their Acquired Brain Injury (ABI).

Students requesting services or accommodations at UCSB through the Disabled Students Program are required to provide current documentation. DSP requires comprehensive documentation in order to determine if the students' symptoms and their respective severity levels rise to the level of disability and if so, determine appropriate accommodations and academic support services. DSP eligibility is based upon documented medical and clinical data, not simply self-report or evidence of a diagnosis. **Please complete the entire form. Eligibility cannot be determined without thorough information.**

For DSP Eligibility and Accommodation Planning:

Today's Date:

Student Name:

Student's 7-Digit ID #:

Phone:

Email:

1. Diagnosis

Specific diagnosis:

Date of onset:

Cause of injury (if known):

Date of most recent evaluation:

Frequency of visits:

Overall ABI severity: Mild Moderate Severe

2. Evaluation Details

Check all that apply and include relevant reports if available:

Clinical interview (patient) Date:

Clinical interview (family/others) Date:

Neuropsychological evaluation Date:

Psycho-educational evaluation Date:

Other: Date:

3. Prognosis & Recommended Follow-Up

Prognosis:

Poor Guarded Fair Good Excellent

Expected Duration:

Recommended further evaluations:

4. Treatment

Currently in treatment with you? Yes No

Last appointment:

Medications: (Name / Dosage / Side effects)

Effect of Medications on symptoms:

Complete relief Partial relief No relief

Other treatments:

Effect of Other treatments on symptoms:

Complete relief Partial relief No relief

5. Functional Limitations (Indicate severity: 1=mild, 2= moderate 3=severe)

Attention (Example: Inattention, distractibility)

Executive Function (Example: Memory, organization, time management)

Mood/Affect (Example: Depression, anxiety, fatigue)

Sensory (Example: Touch, temperature, movement difficulties)

Speech/Language (Example: Understanding, speaking, writing)

Vision (Example: Loss/blurred vision, double vision, light)

Hearing/Taste/Smell (Example: Loss or sensitivity)

Seizures

Physical (Example: Paralysis, pain, stamina, sleep issues)

Other

6. Academic Limitations

Briefly describe how the above functional limitations affect academic tasks such as test-taking, focusing in class, completing long-term projects, or managing time:

7. Provider Information

Provider's Name:

License/Certification number:

Provider's Signature:

Phone:

Fax:

Date form completed:

How to Submit Documentation to DSP

You may return the completed form in any of the following ways:

- **Fax:** (805) 893-7127
- **Mail:**
University of California, Disabled Students Program
2120 Student Resource Building
Santa Barbara, CA 93106-3070
- **Via Student:** Give the form to the student, who can upload it to the portal.

Important: Documentation is incomplete without the clinician's signature.

For questions, please call DSP at (805) 893-2668. Thank you for your assistance!