UC SANTA BARBARA
Disabled Students Program

Program Remote Participation Provider Form

To be completed by the student's current treating Provider

- The Americans with Disabilities Act (ADA) serves to provide equal access to educational opportunities. At UCSB, the opportunity available to registered students is generally, in-person, synchronous attendance. Accommodations that would allow for in-person attendance to mitigate institutional barriers must be considered before remote participation can be approved. Provider recommendations do not create accommodation mandates.

- This accommodation is designed to be temporary. This accommodation is not a substitute for medical treatment. The scope of consideration for this accommodation is narrow. DSP may only consider the functional limitations (noted by the provider) that **impact the student in the classroom, form a nexus to disability, and are an institutional responsibility to mitigate**. DSP may not consider: Housing, social support, medical appointments, treatment issues, transportation on or to campus, comfort, time to degree, preferences, condition-related symptoms, etc.

- This accommodation provides access to a live stream of the lecture/section. Students may be required to take exams/quizzes on campus and in person. This accommodation applies to synchronous, real-time participation in classes via remote access tools only (e.g., Zoom, Google Meets). Students are expected to attend live and have their cameras on during class and exams.

- Thank you in advance for your time and consideration in completing this form. Your input is greatly appreciated.

SECTION I: DIAGNOSIS

Instructions: Completely answer the following questions as the student's current treating provider

Today's date:
Student's name:
Student date of birth:

What is the student's diagnosis/diagnoses? (Please include appropriate codes)

What is the overall severity of the condition? (check only one):

Mild ◯ Moderate ◯ Substantial ◯ Severe ◯

Date of your initial diagnosis:

How long have you been treating this student?

How many times have you seen this patient?

Date of your last evaluation of student:

What is the anticipated duration of the condition:

Please list the tests or measures used to assess the student:

How does this accommodation fit with your treatment plan?

Based on your treatment plan, please estimate the expected duration of severity noted above:

SECTION II: FUNCTIONAL LIMITATIONS

Functional limitations refer to the specific impacts a student's symptoms may have on an individual. We are specifically interested in the impacts that occur within the academic setting. These limitations may result in barriers within the classroom environment. UCSB provides accommodations for functional limitations that intersect with institutional or environmental barriers, rather the underlying medical symptoms themselves or treatment-related concerns

What are the student's current functional limitations due to their condition(s) that preclude physical in-person attendance?

Check all that apply:

Ambulation ☐

Motor Function ☐

Hearing ☐

Vision ☐

Cognitive Processing ☐

Social ☐

Emotional ☐

Other: ☐

Describe any physical functional limitations that the student is likely to experience in class:

Can accessible furniture (sit-stand desk, ergonomic chair, etc.) & positioning mitigate these limitations? If not, please describe why.

Describe any cognitive functional limitations the student is likely to experience in class:

The following questions pertain to reasonable course design accommodations:

Please explain how the student's functional limitations creates a significant barrier to their in-class attendance:

Please describe how the student can manage the severity of their condition and the full demands of an academic course load:

Based on the overall severity of the condition, have you and the student discussed a reduced course load? Can a reduced courseload mitigate the student's limitations in the classroom? If not, please explain why:

Based on the overall severity of the condition, have you and the student discussed modified attendance? (increased absence flexibility for in-person classes, not to exceed 20% of the 10-week quarter)

Can modified attendance/participation (missing class when impacts are heightened, taking breaks during class, etc) help to mitigate the student's limitations in the classroom? If not, please explain why:

Does the student's diagnosis require the student to remain quarantined or socially isolated?

Yes ◯

No ◯

If quarantine or social isolation is required, are there measures that can be put in place to mitigate concerns when the student must be in the presence of others (masking, social distancing)? Please specify the nature and effectiveness of these measures:

Can measures be put in place to mitigate disability-related functional limitations for in-person exams? Please specify the nature and effectiveness of these measures:

Please note any additional comments or concerns that would be helpful to know in evaluating the student's request for the Remote Participation Accommodation:

SECTION III: PROVIDER INFORMATION

Name of medical/mental health professional*:

Title and license number*:

Address of medical/mental health professional:

Phone number:

Fax Number:

Email* (for follow-up questions):

Signature*: Date:

Signature of Supervisor (if applicable for interns and professionals in training):

Date:

Title and license number*:

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!