

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)

1. Attention (Example: Inattention, distractability) _____
2. Executive Function (Example: Memory, organization, time management) _____
3. Mood/Affect (Example: Depression, anxiety, fatigue) _____
4. Sensory (Example: Touch, temperature, movement difficulties) _____
5. Speech/Language (Example: Understanding, speaking, writing) _____
6. Vision (Example: Loss/blurred vision, double vision, light) _____
7. Hearing/Taste/Smell (Example: Loss or sensitivity) _____
8. Seizures _____
9. Physical (Example: Paralysis, pain, stamina, sleep issues) _____
10. 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 Name: _____

License/Certification #: _____

Signature: _____ Date: _____

Phone: _____ Fax: _____

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!