

# UC SANTA BARBARA

Disabled Students Program  
2120 Student Resource Building, University of California  
Santa Barbara CA 93106-3070  
<http://dsp.sa.ucsb.edu>

## Provider Verification for Remote Participation as an Accommodation

To be completed by the student's current treating medical provider.

The following questions pertain to the specific accommodation of remote instruction and access.

### SECTION I: DIAGNOSIS

Instructions:

Please answer the following questions completely and signed by you as the student's treating medical provider.

Today's date: \_\_\_\_\_ Student's name: \_\_\_\_\_

How long have you been treating this student? \_\_\_\_\_

Date of your last evaluation of the student: \_\_\_\_\_

What is the student's diagnosis or diagnosis? \_\_\_\_\_  
(Please include DSM 5 or ICD 10 diagnosis, if applicable)

What tests or measures were used to assess the student and determine the diagnosis?

Date of your initial diagnosis: \_\_\_\_\_

What is the anticipated duration of the condition? \_\_\_\_\_



Please explain how the student's disability creates a significant barrier to their full and meaningful participation in an on-campus experience.

**Note:** *For students with CDC-recognized COVID-high-risk conditions (e.g. diabetes), the description should include a comprehensive assessment of the student's health risks for being on campus, considering:*

- The student's unique medical profile
- The latest information on vaccine efficacy
- The university's safety practices.

*For students without high-risk conditions (e.g., mental health conditions):* The description should include an explanation of how the student's disability will disproportionately affect them compared to their peers such that remote participation is the only viable option for them. This impact must go beyond the typical stress or nervousness that most people are expected to feel in readjusting to an in-person experience. #

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

What recommendations do you have regarding accommodations that would enable the student to have equal access to educational opportunities at UCSB?

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 of medical/mental health professional: \_\_\_\_\_

Address of medical/mental health professional: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email (if you use email for contact): \_\_\_\_\_

**Signature:**

**Date:** \_\_\_\_\_

\_\_\_\_\_