UC SANTA BARBARA
Disabled Students Program

Temporary Disability Documentation Form

DSP is responsible for providing academic support services (accommodations) for students who qualify as an individual with a disability. This includes temporary disabilities that may functionally impact a person. DSP requires comprehensive documentation in order to determine if the condition rises to the level of disability under the Americans with Disabilities Act as Amended (ADAAA) of 2008 and Section 504 of the Rehabilitation Act of 1973. If so, the student may be entitled to reasonable accommodations.

For DSP Eligibility and Accommodation Planning:

Today's Date:

Student Name:

Student's 7-Digit ID #:

Phone:

Email:

Section 1 – Medical Condition Overview

Nature of condition and diagnosis:

Date of Onset:

When did you last see this individual and what is the prognosis?:

Is the individual currently in treatment with you?:

Expected Duration (check one):

☐ Less than 2 weeks
☐ 2–5 weeks
☐ 6–11 weeks
☐ 3-5 months
☐ 6 months to a year (temporary but extended)

Severity of Functional Impact (check one):

☐ Mild
☐ Moderate
☐ Severe
☐ Residual State

Were any specific assessments or evaluation procedures used to make the diagnosis?
Please explain. If appropriate, please provide any historical data used in making the diagnosis.

Section 2 – Functional Limitations

Please indicate the degree of limitation in the following areas (circle or check):

Mobility (walking, standing, climbing stairs):

◯ No Impact ◯ Mild ◯ Moderate ◯ Severe ◯ Not Applicable

Manual tasks (writing, typing, handling objects):

◯ No Impact ◯ Mild ◯ Moderate ◯ Severe ◯ Not Applicable

Vision:

◯ No Impact ◯ Mild ◯ Moderate ◯ Severe ◯ Not Applicable

Hearing:

◯ No Impact ◯ Mild ◯ Moderate ◯ Severe ◯ Not Applicable

Communication (speaking, understanding):

◯ No Impact ◯ Mild ◯ Moderate ◯ Severe ◯ Not Applicable

Concentration, memory, focus:

◯ No Impact ◯ Mild ◯ Moderate ◯ Severe ◯ Not Applicable

Endurance/Fatigue:

◯ No Impact ◯ Mild ◯ Moderate ◯ Severe ◯ Not Applicable

Other (please specify):

◯ No Impact ◯ Mild ◯ Moderate ◯ Severe ◯ Not Applicable

Section 3 – Additional Information

1. Are symptoms expected to fluctuate during the recovery period? ☐ Yes ☐ No
   If yes, please describe:

2. Are there any activity restrictions (e.g., no lifting over 10 lbs, no prolonged walking, limited screen use)?:

3. Estimated date of reassessment or follow-up:

Section 4 – Provider Certification

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!