

Verification of Disability

Student's Name: Sultan Hassan M Babatin Date: 16/9/2019

The student named above has applied for services from the office of Student Disability Services (SDS) at University of San Francisco (USF). In order to determine eligibility and to provide services, we require documentation of the student's disability.

Under the Americans with Disabilities Act (ADA) of 1990 and Section 504 of the Rehabilitation Act of 1973, individuals with disabilities are protected from discrimination and may be entitled to reasonable accommodations. To establish that an individual is covered under the law, documentation must indicate that a specific disability exists and that the identified disability substantially limits one or more major life activities. A diagnosis of a disorder in and of itself does not automatically qualify an individual for accommodations. The documentation must also support the request for accommodations and academic adjustments.

After completing this form, please print it out, sign it, and mail or fax it to us at the address above. The information you provide will not become part of the student's educational records, but will be kept in the student's file at SDS, where it will be held strictly confidential. This form may be released to the student at their request. In addition to the requested information, please attach any other information you think would be relevant to the student's academic adjustment. Please contact us if you have questions or concerns. Thank you for your assistance.

1. **Diagnosis/description of condition.** What is your DSM-5 and/or ICD-10 diagnosis for this student (if appropriate)?

315.1(f81.2) learning disorder with impairment in mathematics specifically on memorization of arithmetic factors, accurate and fluency in calculation and accurate math's reasoning

2. **Describe how this condition rises to the level of disability, and how it substantially limits a major life activity** (i.e. thinking, walking, learning, hearing, caring for oneself, etc.):

Learning and some aspects of abstract thinking

3. **Circle one:** Psychological Disability Medical Disability

4. **Date of diagnosis:** 10 / 09 / 2019

5. **Date student was last seen:** 12 / 09 / 2019

6. **Please list any academic or other disability accommodations you recommend:**

Math's learning disability (dyscalculia)

7. **How did you arrive at your diagnosis?** Please check all relevant items below, adding brief notes that you think might be helpful to us as we determine which accommodations and services are appropriate for the student.

√	Criteria	Additional Notes
	Structured or unstructured interview with the student	cannot focus when studying math's or remember math's equations
	Interviews with other persons	interview with mother who confirmed his failure and also mentioned of a family member with a neurological condition
	Behavioral Observations	anxious and fidgety
	Developmental history	no
	Educational history	high school, has always had poor grades in Maths
	Medical History	none
	Neuro-psychological testing. Date(s) of testing?	none was done
	Psycho-educational testing Date(s) of testing?	administered WIAT-III
	Standardized or non-standardized rating scales	Woodcock-Johnsosl III tests
	Other (Please specify):	

8. **Please check which of the major life activities listed below are affected** because of the diagnosis. Please indicate the level of limitation.

Life Activity	No Impact	Moderate Impact	Severe Impact	Don't know
Concentrating	☐	☐	☒	☐
Memory	☐	☐	☒	☐
Sleeping	☐	☐	☐	☒
Eating	☒	☐	☐	☐
Social interactions	☐	☒	☐	☐
Self-care	☐	☒	☐	☐
Managing internal distractions	☐	☒	☐	☐
Managing external distractions	☐	☐	☒	☐
Timely submission of assignments	☐	☒	☐	☐
Attending class regularly & on time	☐	☒	☐	☐
Making and keeping appointments	☐	☒	☐	☐
Stress management	☐	☐	☒	☐
Organization	☐	☒	☐	☐

8a. If so, describe the medication(s), date(s) prescribed, effect on academic functioning, and side effects.

_____NO_____

8b. Do limitations/symptoms persist even with medications? N/A

9. Is this student currently taking medication(s) for these symptoms? _____NO_____

10. What is the student's prognosis?

Poor

11. Expected duration of condition/disability:

☒ Permanent/Stationary ☐ Fluctuating ☐ Temporary (specify approx. # of days_____)

12. How long do you anticipate the student's academic achievement will be impacted by this disability?

☐ 6 months ☐ 1 year ☐ More than 1 year ☐ Other (please specify)

It will be dependent on whether therapy and extra tuition works

13. Level of Severity (please circle one):

☐ Mild ☐ Moderate ☒ Severe

14. What other specific symptoms currently manifesting themselves might affect the student's academic performance?

concentration and poor time management

15. Are there any specific symptoms currently manifesting themselves which might affect the student in a non-academic setting (i.e. on-campus housing, etc.)?

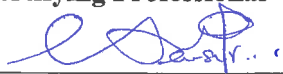
Money management

16. Is there anything else you think we should know about the student's disability?

His disability may have an effect on general academic performance

(Over)

Certifying Professional*



Signature of Professional

18-9-2019

Date

Dr. Mohammad A. Nassir
Professional's Name (printed) and Title

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Fax

*Qualified diagnosing professionals must have expertise in the differential diagnosis of the documented mental disorder or condition and follow established practices.