To Evaluator: The student listed below is requesting remote participation for courses offered as in-person or hybrid modes. Courses in these modes of instruction have essential in-person components. By providing a full and complete response, you will help to expedite the processing of this student’s accommodation request and reduce the need to return to you for additional information. Students eligible for remote participation are approved for one semester. Approval is contingent upon determining feasibility for the student’s courses in collaboration with faculty. This accommodation is not intended to be used for multiple semesters in a row, nor to convert an in-person program into an all-virtual experience.

In order to be considered for remote participation as a reasonable accommodation, the university requires documentation from a qualified treating professional, such as yourself, that substantiates the student’s status as a person with a disability who is unable to participate in-person or hybrid modes.

Form letters that do not provide differentiating information about the student’s personal disability experience, or letters that are generated as a result of a single, remote evaluation solely for the purpose of recommending remote participation are also not considered adequate documentation. Handwritten notes, or notes written on prescription pads, are not considered adequate documentation.

For general questions pertaining to this form, or to obtain clarification about the information requested, please contact the AEC at aec-info@sjsu.edu.

Verification requested for: ___________________________________________

Student Name: (Last, First M.I.)

To be completed by licensed practitioner:

Diagnosis(es): ______________________________________________________

Is diagnosis(es) a **CDC-recognized COVID-high-risk conditions** Yes (skip question #2) No (skip question #1)

How often do you see this student? _________________________________ Date of student’s last visit: __________

Length of time this student has been under your care: _________________________________

Estimated end date when the student should be able to resume in-person participation: ________________

All questions required:

1. **For students with CDC-recognized COVID-high-risk conditions** - Describe how the student’s disability creates a significant barrier to their full and meaningful participation in an on-campus experience:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
a. Describe the holistic assessment of the student’s health risks for being on campus:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

b. Describe the student’s unique medical profile:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

c. Evaluate the latest information on the vaccine efficacy:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

2. For students without CDC-recognized high-risk conditions (e.g. mental health conditions): Describe how the student’s disability creates a significant barrier to their full and meaningful participation in an on-campus experience:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

a. Describe how being on campus will disproportionately affect them compared to their peers such that remote participation is the only viable option. This impact must go beyond the typical stress or nervousness that most people are expected to feel in readjusting to an in-person experience.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
3. Compared to their peers, what significant negative impacts will this student face if they are on campus?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

4. How would remote participation mitigate these negative impacts in ways that go beyond the typical benefits any individual receives from having online classes?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

5. Do you believe that remote participation is essential for the student to effectively participate in and benefit from their academic work?
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

6. If you have recommendations on parameters or accommodations to support their return to in-person participation, please share.
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
*(1) Disability.—The term “disability” means, with respect to an individual—(A) a physical or mental impairment that substantially limits one or more major life activities of such individual; (B) a record of such an impairment; or (C) being regarded as having an impairment.

(a) DEFINITION OF DISABILITY.—Section 3 of the Americans with Disabilities Act of 1990 (42 U.S.C. 12102) amended “SEC. 3. DEFINITION OF DISABILITY