

SJSU Administration Bldg., Rm 110, One Washington Square, San Jose, CA 95192-0168 · (408) 924-6000 v.; (408) 924-5990 TTY; (408) 924-5999 f.

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:

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\_\_\_\_\_  
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a. Describe the holistic assessment of the student's health risks for being on campus:

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b. Describe the student's unique medical profile:

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c. Evaluate the latest information on the vaccine efficacy:

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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:

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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.

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

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

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

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6. If you have recommendations on parameters or accommodations to support their return to in-person participation, please share.

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**Certifying Licensed Physician or Primary Health Care Provider qualified  
in the appropriate specialty area.**

*(Must be completed by a licensed practitioner)*

Name: \_\_\_\_\_  
(Last, First M.I.)

Medical Facility: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

License Number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For general questions pertaining to information requested, please  
contact the Accessible Education Center at [aec-info@sjsu.edu](mailto:aec-info@sjsu.edu)

*Please note: Student medical records supplied to the Accessible Education Center constitute "educational records" under the Family Education and Privacy Act (FERPA) and as such, may be reviewed by the student upon written request.*

\*<sup>(1)</sup> 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