

## Documentation of Disability

<b>Name:</b>			
	First	M.I.	Last
<b>S#:</b>		<b>Phone #:</b>	
<b>Email:</b>			
	@student.ccd.edu		
Your official CCD email account is the only email CCD will accept for correspondence.			

AC STAFF	DATE	EXPERT'S NAME	PHONE/E-MAIL	CODE

**DISABILITY CODES**

- AD     ADD/ADHD
- AS     Autism Spectrum
- BL     Blind/Low Vision
- BR     Traumatic Brain Injury
- DB     Deaf and Blind
- DD     Developmental Disability
- DF     Deaf
- HH     Hard of Hearing
- LD     Specific Learning Disability
- MD     Multiple Disabling Condition
- ND     Neurological
- NO     Not Disabled
- NR     Undocumented/not reported
- OC     Oral Communication
- OH     Other Health Conditions
- OP     Orthopedic Condition
- OR     Other
- PD     Undocumented, pending
- PS     Psychiatric/psychological diagnosis
- SP     Undocumented, suspected
- SR     Undocumented, self-reported
- TD     Temporary
- UN     Undocumented