



## Disability Services & Resources

Below has a qualifying disability. A disability is defined as an impairment sustained over a long period of time. This form is designed to help us make that assessment. Please respond to the following questions.

Student Name _____	Date of Birth: _____
Medical Professional/Licensed Counselor: _____	
Facility Name & Address: _____	
Phone: _____	Date: _____
Signature of Medical Professional: _____	

### Impairment Assessment

What is the diagnosis/impairment? \_\_\_\_\_

Is the student currently under your care? \_\_\_\_\_ Date of last visit: \_\_\_\_\_

Check any of the major life activities listed below that are sustained/affected as a result of the impairment.

Self Care	<input type="checkbox"/>	Speaking	<input type="checkbox"/>	Lifting	<input type="checkbox"/>
Learning	<input type="checkbox"/>	Hearing	<input type="checkbox"/>	Walking	<input type="checkbox"/>
Reading	<input type="checkbox"/>	Breathing	<input type="checkbox"/>	Seeing	<input type="checkbox"/>
Thinking	<input type="checkbox"/>	Standing	<input type="checkbox"/>	Bending	<input type="checkbox"/>
Concentrating	<input type="checkbox"/>	Working/Communicating	<input type="checkbox"/>		
		Eating	<input type="checkbox"/>	Sleeping	<input type="checkbox"/>

What are the functional limitations resulting from the impairment's impact on the major life activities marked?

\_\_\_\_\_

Based upon the major life activities affected by the impairment, what accommodations (within the context of the community college environment) would you recommend for this student?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_