

APPENDIX A: Sample Medical/Psychiatric Disability Documentation Form

Patient/Client (*print*) _____ S.S. _____

I, _____, request the following information be sent to

_____.

Patient/Client Signature

DISABILITY DOCUMENTATION FORM

Please return to: Parkland College
2400 W. Bradley Ave.
Champaign, IL 61821-1899
Attn: Office of Disability Services

Room X- 148

or

Fax: (217) 353-2305

Before academic accommodations may be provided, students must submit detailed assessments of their disabilities by a qualified health professional. A disability is defined as “impairment substantially limiting a major life activity.” This form is designed to help us make that determination. Please respond to the following items.

Please be assured that all information will be held in strict confidence.

<p>Date: _____</p> <p>Phone: _____</p> <p>Health Professional’s name and title (Physician, Psychologist, Audiologist, Neurologist, etc.) (Please Print) _____</p> <p>Clinic name and address: _____ _____</p> <p>Health Professional’s signature _____</p>

1. Impairment Assessment

A. What is the diagnosis/impairment? (Include DSM-IV code if applicable)

B. Date of most recent diagnosis? _____

C. Date of original diagnosis? _____

- D. Is the patient/client currently under your care? YES ___ NO ___
- E. When did you last see the patient/student? _____
- F. Is the impairment temporary (< 6 months) _____ or persistent? _____

Based upon the major life activities affected by the impairment, are there any accommodations within the context of the college environment that you can recommend for this student? Please see below.

PLEASE CHECK ALL THAT APPLY.

- | | |
|---|---|
| Taped Text | Use of tape recorder in classroom |
| Use of an in class note-taker | Cover Overlays |
| Testing with assistance (reading, typing) | Sign Language Interpreter |
| No Scantron sheets | Alternate testing format (explain below) |
| Extended time for exams | Testing in a distraction-reduced environment |
| Use of computer during essay exams | Braille reading materials |
| Use of CCTV or large print materials | Adaptive/Assistive Computer Technology
(Specify if possible) |

Other – Please list _____

What are the functional limitations of major life activities? Examples: *Writing, Performing manual tasks, Learning, Reading, Thinking, Concentrating, Memorizing, Mobility, Lifting, Seeing, Hearing*

If you have any questions, please contact any of the staff listed:

Becky Osborne, Coordinator of Disability Services 217-353-2082
bosborne@parkland.edu

Nancy Rowley, Associate Coordinator of Disability Services 217-351-2588
nrowley@parkland.edu