

Disability Services & Resources (DSR) Office Medical Documentation



Impairment and Disability Assessment

*****TO BE COMPLETED BY A MEDICAL PROFESSIONAL OR LICENSED COUNSELOR*****

In order for Gadsden State to provide disability-related services, we need to establish the student, whose name is listed below, has a qualifying disability. A disability is defined as an impairment sustainably limiting a major life activity. This form is designed to help us make that assessment.

Student Name: _____ **Date of Birth:** _____

Please respond to the following items:

Impairment Assessment:

What is the diagnosis/impairment please include DSM-V or ICD-10:

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

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

| | | | | | |
|---------------|--|-----------|--|--------------|--|
| Self-Care | | Speaking | | Lifting | |
| Learning | | Hearing | | Walking | |
| Reading | | Visual | | Eating | |
| Thinking | | Breathing | | Bending | |
| Concentrating | | Standing | | Manual Tasks | |
| Communicating | | Working | | Sleeping | |

Duration of Disability: Permanent/Chronic Temporary, estimated duration _____

Condition is: Stable Prone to exacerbations

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? If needed, use back of page.

I understand that the information provided in this form will become part of the student record subject to the federal Family Education Rights and Privacy Act (FERPA) of 1974 and may be released to the student upon written request.

Signature of Licensed Professional: _____

Printed Name: _____ License #: _____

Facility Name & Address: _____

Phone: _____ Today's Date: _____

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