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DISABILITY DOCUMENTATION FORM:

LEARNING DISABILITIES

The office of Disability Support Resources (DSR) strives to ensure that qualified persons with chronic health conditions are accommodated, and if possible, that their accommodations do not jeopardize successful therapeutic interventions. The office does not modify requirements that are essential to the program of instruction or provide accommodations for persons whose impairments do not substantially limit one or more major life function.

v Œ Á• University is required by Section 504 of the Rehabilitation Act and the Americans with Disabilities Act to provide effective auxiliary aids and services for qualified students with documented

Client Information (to be completed by the client)

Last Name: _____ First _____ Middle Initial _____

Date of Birth: _____ Client's ^ š µ v š / #: _____

Certifying Professional (to be completed by the certifying professional)

Certifying Professional's Full Name: _____

Credentials/Specialization: _____

License Type: _____

License #: _____ State _____ Exp. Date _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone Area Code: (_____) Phone Number _____

Fax Area Code: (_____) Fax Number _____

Email: _____

Office web address: _____

Diagnosis/Diagnoses: Please include DSM-5 or ICD Codes and name of condition(s)

Date of onset: _____ Date of diagnosis: _____

Diagnostic Tools: How did you arrive

□

Implications forWorkplace or Academic/Student Life

Major Life Activity	Explanation of Impact Please describe the impact of your client's condition as it applies to each major life activity	Recommendations for Accommodations and Services Please provide specific recommendations to address impacted major life activities
Concentration		
Mathematics		
Reading		

[redacted]

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Social Interactions		
Self-care (eating, sleeping, hygiene)		
Stress Management		
Other (Explain):		
Other (Explain):		

Using the contact information on page one, print, sign below, and fax/send directly to Disability Support Resources.

Date: _____

Certifying Professional Signature: _____

Signature denotes content accuracy, adherence to professional standards and guidelines on page 1 of this document.

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