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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 substantially limit one or more major life function.

v CE 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 disabilities if such accommodations are needed to provide equitable access to the university's programs and services. Federal law d

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Last Name: _____ First _____ Middle Initial _____ Date

of Birth: _____ o] v š v š / #: _____

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] P v } •] • I] P v } • • : Please include DSM or ICD Codes and name of condition(s)

Date of onset: _____ Date of diagnosis: _____

] P v } • š] How did you arrive at your diagnoses? Describe diagnostic tools and assessments you have used:

- Medical testing or evaluation (e.g. MRI, Physical exam):
- Interviews with the client
- Interviews with other persons
- Medical history
- Self-rated or interviewer rated scales
- Other

Client's last appointment: ~ Z IKv •

- Less than a Month
- Less than a year
- Greater than one year

Please record the client's appointment/treatment frequency:

Characteristics of limiting Condition(s): ~ Z I %o %o Œ } %o Œ] š d Œ u ••

- Permanent
- Temporary
- Stable
- Episodic
- Slow Progression
- Rapid Progression
- Improving

If temporary, expected duration until: _____

Additional comments/information:

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What treatment, medication and prescribed aids are currently being used to address the diagnosis/diagnoses above?

Does the client use any of the following aids for mobility? (Check all that apply)

- Manual wheelchair
- Power Assisted wheelchair
- Electric wheelchair
- Powered Scooter
- Knee Scooter
- Prosthetic
- Cane
- Crutches
- Walker
- Brace/Orthotics/AFO
- Wheeled caddie
- Service dog
- Personal Assistant Services (PAS)

Can he client walk independently? (Yes/No) _____

Life Activity:Finemotor movements (typing,writing, texting,graspingholding items)

SubstantialImpact?Yes • E } •

Explanation:

Life Activity:Self-care (activities of dailyiving, i.e.,dressing, bathing, personal hygiene,etc.)

SubstantialImpact? Yes • E }

Explanation:

Life Activity:Other (explain)

SubstantialImpact? z • 1 R

Explanation:

Life Activity:Other (explain)

Substantial Impact? Yes • E } •

Explanation

Please describe any additional characteristics of the condition that result in limitations relative to academic or workplace performance, or use this space to further comment on any of the impacted major life activities:

From your perspective, describe possible accommodations that could facilitate academic or workplace performance

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