



STUDENT AFFAIRS
OFFICE OF DISABILITY SERVICES
C1.58 Hardy Student Center
D. Sankey, Director
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TEMPORARY IMPAIRMENTS APPLICATION

The Office of Disability Services [ODS] provides academic services and accommodations for students with diagnosed disabilities. The Americans with Disabilities Act [ADA] defines disability as a physical or mental impairment that substantially limits one or more major life activities.

In order to receive academic accommodations, the student must submit comprehensive documentation describing the current functional limitations that impact the student in an academic setting. Documentation serves as the basis for decision-making about a student's needs for accommodations in a challenging and competitive academic environment. Documentation of a high quality is relevant, useful, and thorough. The outline below has been developed to assist the student in working with the treating or diagnosing healthcare professional(s) in obtaining the specific information necessary to evaluate eligibility for academic accommodations.

GENERAL GUIDELINES FOR PROVIDING DOCUMENTATION

- Documentation is provided by a licensed or otherwise properly credentialed professional who has appropriate and comprehensive training, relevant experience, and no personal relationship with the individual being evaluated. A good match between the credentials of the individual making the diagnosis and the condition being reported is expected (e.g., an orthopedic limitation might be documented by a physician, but not a licensed psychologist).
- Documentation includes a clear diagnostic statement that describes how the condition was diagnosed, provides information on the functional impact, and details the typical progression or prognosis of the condition. The documentation should include the diagnostic criteria, evaluation methods, procedures, tests dates of administration, as well as a clinical narrative, observation, and specific results. Diagnostic tests should be based on adult norms.
- Documentation should be relatively recent in order to provide an accurate description of current functioning. Because some conditions are permanent or non-varying, guidelines will differ from case to case. Contact the Office of Disability Services at 334-229-5127 to speak with an ODS staff member to determine how current the documentation should be for your particular situation.
- Documentation should address the major life activities (i.e., caring for oneself, performing manual tasks, seeing, hearing, learning, walking, reading, concentrating, thinking etc.) affected by the disability and how those functional limitations impact the student in an academic setting. Documentation that does not address an

individual's current level of functioning or need for accommodation(s) may warrant the need for a new evaluation.

*In lieu of the attached form, other types of documentation may be sent that thoroughly address the questions below.
Failure to address the following questions could delay the accommodation process.*

Student's Name _____ Date of Birth _____

E-mail _____ Cell _____

Address _____ City _____

State _____ Zip Code _____

To Be Completed by the Health Care Professional

What is the diagnosis, date of diagnosis, and last contact with the student? _____

List co-morbid diagnoses or other health issues that might complicate this condition. _____

Severity of the disability: _____ Negligible _____ Moderate _____ Severe

Duration of the disability: _____ Six Months or Less _____ Greater than Six Months

Describe the progression of this disability, if applicable. _____

Describe the student's symptoms relating to this diagnosis. _____

MAJOR LIFE ACTIVITIES ASSESSMENT

Please review major life activities listed below and indicate the severity of the impairment[s] on each activity

Life Activity	Negligible	Moderate	Substantial	Unknown
Walking				
Seeing				
Hearing				
Talking				
Caring for Oneself				
Reaching				
Lifting				
Sitting				
Standing				
Breathing				
Sleeping				
Performance of Manual Tasks				
Writing				
Learning				
Reading				
Thinking				
Concentrating				
Memorizing				
Interacting with Others				
Other?				

***Walking Limitation:**

_____ Is unable to walk 200 feet without stopping to rest.

_____ Is unable to walk without use of, or assistance from, a brace, cane, crutch, another person, prosthetic device, wheelchair, or other assistive device.

***Seeing Limitation:**

Visual Acuity _____

Assistive devices used by the student _____

*** Hearing Limitation: (Include an audiogram)**

_____ Needs a sign language interpreter

Assistive devices used by the student _____

Describe any ongoing medical or therapeutic treatment, and indicate how the treatment might affect the student academically. _____

List current medication[s], impacts, and adverse side effects. _____

Describe the student's functional limitations and how they could affect the student in an academic setting (i.e., problems sitting for long periods of time, unable to type for more than ten minutes, or unable to focus for a sustained period of time). _____

If accommodations are recommended, provide a rationale as to why these accommodations are warranted based upon the student's functional limitations. For example, if a note taker is suggested, state the reasons for this request related to the student's functional limitation.

HEALTHCARE PROVIDER INFORMATION

Name _____ Specialty _____

Title _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-Mail _____ License/Certification # _____

With my signature, I certify that the above information is true and documented as part of the patient's medical record.

Provider Signature: _____ Date _____

This form or other submitted documentation may be released to the student at his or her request.

Please mail or fax this form or other documentation to