



## Disability Accommodation Assessment

(Qualified Professional Documentation: *This form is to be completed in full by the Physician/Therapist*)

Student: \_\_\_\_\_

Date: \_\_\_\_\_

### Certifier Information:

Clinician Name:	
Medical Specialty:	
License:	
Address:	
Phone:	
Date Completed:	

### To Whom It May Concern:

*A patient/client of yours is enrolled at Schiller International University and has requested disability-related accommodations in order to participate in his/her educational program. Legal protection and eligibility for such accommodations are based on the provision of sufficient information to conclude that he or she:*

- *Has an impairment*
- *That this impairment substantially limits one or more major life activities.*

**AND**

- *That as a result of the substantial limitations of this impairment, accommodations are required in order for this person to participate in his/her educational program.*

*As this student's treating specialist, you are asked to provide the following information to allow the college to consider this student's accommodation request(s).*

### PLEASE COMPLETE THE FOLLOWING:

#### The Condition of Patient/Client:

1. What is the diagnosis/impairment?
2. Date of original diagnosis?
3. Is the patient/student currently under your care?
4. Is the impairment temporary (<6 months) or persistent? Please explain.
5. How do you see the student's disability impacting his or her ability to perform educational/career activities in relation to how most other people are able to perform these activities?



6. What accommodations would he or she need in order to perform the same activities or tasks?

**FUNCTIONAL IMPACT ASSESSMENT**

**Please check and complete the following:**

**THE LIMITATION IS:      1=Unable to Determine                      2=Mild                      3=Substantial**

1	2	3	Major Life Activity		1	2	3	Major Life Activity
			Caring for Oneself					Learning:
			Talking					• Reading
			Hearing					• Writing
			Breathing					• Spelling
			Seeing					• Calculations
			Walking/Standing					• Concentrating
			Lifting/Carrying					• Memorizing
			Sitting					• Listening
			Performing Manual Tasks					Other:
			Eating					
			Working					
			Interacting with Others					
			Sleeping					

**For any area that was marked as substantial, please provide a description of how the disability affects this area of functioning. \*\*\*This area must be completed in order to process the student’s accommodation request. Please take the time to fill this out.\*\*\***

**Area that is substantially impacted**

**Description of how the disability affects this area of functioning**

<b><u>Example</u></b> Concentration	<i>Easily distracted by noises in the classroom and can be drawn off-task by something as simple as the movement of a chair or turning of a paper by another student.</i>



Please indicate accommodations you feel are necessary in the academic or career environment for this student.

<b>Check if recommended</b>	<b>Instructional Accommodations</b>	<b>Explanation</b>
	Extended time	
	Copies of notes/power points	
	Audio Textbooks or text reader	
	Other _____	
	<b>Testing Accommodations</b>	
	Calculator	
	Distraction reduced	
	Extended time	
	Out of class	
	Reader	
	Scribe	
	Other _____	
	<b>Support Persons</b>	
	Interpreter	
	Lab Assistant	
	Note Taker	
	Allow Personal Care Assistant	
	Reader	
	Allow Service Animal	
	Scribe	
	Other _____	
	<b>Environment</b>	
	Adjustable table	
	Preferential Seating	
	Space for Wheelchair	
	Other _____	
	<b>Equipment</b>	
	Adaptive Computer Software- onsite	
	Calculator - onsite	
	Closed Captioned	
	FM system	
	TTY/TDD	
	Other _____	



**Other Comments or information that you feel may be helpful to the student for success at Schiller International University:**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_