Please return form to Office of Disability Services
Post Office Box 2216 . Decatur, Alabama 35609-2216
Phone 256-306-2630 . Fax 256-260-2447

Impairment and Disability Assessment

In order for Calhoun Community College to provide disability-related services, we need to establish this student has a disability. A disability is defined as an impairment substantially limiting a major life activity. This form is designed to help us make that assessment. Please respond to the following items:

Health professional's name: _____

Date: _____ **Phone:** _____

Health care facility name and address: _____

_____

Health professional's signature: _____

Student's name: _____

I. Impairment Assessment

A. What is the diagnosis/impairment?

_____

B. When was the diagnosis originally made?

_____

C. Is the patient/student currently under your care?

_____

D. When did you last see the patient/student?

_____

E. Is the impairment temporary (<6 months) or persistent?

_____

II. Major Life Activities Assessment

Please check any of the major life activities listed below that are affected as a result of the impairment. Please indicate the level of limitation.

1 – Negligible 2 = Moderate 3 = Substantial

	1	2	3
Caring for oneself			
Talking			
Hearing			
Breathing			
Standing			
Working			
Reaching			
Lifting			
Sitting			
Walking			
Seeing			

	1	2	3
Writing			
Performing manual tasks			
Sleeping			
Learning			
Reading			
Thinking			
Concentrating			
Memorizing			
Taking exams			
Interacting with others			
Other:			

What are the functional limitations resulting from the impairment's impact on major like activities identified in #2 above?

Based upon the major life activities by the impairment, are there any accommodations within the context of the community college environment that you can recommend for this student?

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Student with a Disability: Individual Postsecondary Plan

General Information C Number_____

Name _____ Date _____

Mailing Address _____

Phone _____ (Cell) _____ (Home)

Emergency Contact (Name and phone number) _____

I am enrolled or plan to enroll in the _____ Program
Major Program of Study

Disability Information

What type of disability do you have?

( )Blind
( )Motor/Orthopedic Impairment
( )Chemical Dependency
( )Psychological Disorder
( )Chronic Health Problems
( )Seizure Disorder
( )Deaf
( )Speech Impairment
( )Hearing Impairment
( )Visual Impairment
( )Learning Disability
( )Other _____
_____

Please explain your disability and include a list of necessary medication

_____

_____

How does your disability affect you in a classroom?

_____

_____

Do you use any type of equipment for everyday living ( )Yes ( )No
If you answered "yes", what type of equipment do you use? _____

Do you have the required documentation clarifying your disability? ( )Yes ( )No
Can you climb stairs? ( )Yes ( )No Do you require parking accommodations? ( )Yes ( )No

Accommodation Information

Did you receive accommodations at a previous high school or college? ( )Yes ( )No
If you answered "yes", where? _____

What type of accommodations did you receive? _____

_____

_____

What type of academic adjustments and modifications would you like to receive? _____

_____

_____

Have you applied to your Division of Rehabilitation Services? ( )Yes ( )No
If you answered "yes", who is your counselor, and where did you apply? _____

_____

Documentation is being sent separately by/from: _____

Do you wish to have your classroom instructors notified that reasonable accommodations are requested? ( )Yes ( )No

Do you wish to have your clinical/field experience instructors notified that reasonable accommodations are requested? ( )Yes ( )No

I authorize/request Calhoun Community College personnel to work on my behalf to arrange Accommodations to help meet my needs as a student at Calhoun.

Student Signature _____

For office use only:

This was documented by the Student Disability Services/ADA Staff

_____
Signature/Date

CALHOUN
COMMUNITY COLLEGE

"Success for Every Student"