



University Diversity and Inclusion

Re: Disability and Impairment Assessment Form

Dear Student:

Washburn University and Washburn Institute of Technology provides disability-related accommodations in compliance with the Americans with Disabilities Act (as amended) and Section 504 of the Rehabilitation Act of 1973.

To request a reasonable accommodation in order to allow you to participate in, and have access to, the program benefits and services of your education, complete the attached Service Request Form and Impairment Assessment Form and return to the Office of University Diversity and Inclusion. The Diversity and Inclusion staff will arrange a meeting with you if there are questions or concerns about your accommodation request.

If you have not previously provided medical documentation or a recent IEP, you should take the assessment form to your healthcare provider along with your course syllabus or program information. Please return the forms as soon as possible so the we can determine what, if any, reasonable accommodations are necessary and effective in allowing you access to program benefits and services.

The assessment form will need to be signed, dated and returned to University Diversity and Inclusion. Please provide your contact information so that University Diversity and Inclusion can discuss the completed form with you if necessary.

Should you have any additional questions or concerns, please contact University Diversity and Inclusion.

Sincerely,
University Diversity and Inclusion Staff



Washburn University [prohibits discrimination](#) on the basis of race, color, religion, age, national origin, ancestry, disability, sex, sexual orientation, gender identity, genetic information, veteran status, or marital or parental status. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Pamela Foster, Equal Opportunity Director/Title IX Coordinator, Washburn University, 1700 SW College Ave, Topeka, Kansas 66621, 785.670.1509, edirector@washburn.edu.

WASHBURN UNIVERSITY

DISABILITY AND IMPAIRMENT ASSESSMENT FORM

Student/Patient Name (Please print)

Course(s)/Service(s) (Please print)

1. What is the diagnosis (e.g., medical, DSM-5, etc.) (list all that apply):

2. Date of original diagnosis:

3. Date of patient's last evaluation:

4. Using the chart below, please check any major life activities substantially affected as a result of the disability and/or impairment and explain the limitations.

Life Activity		Functional Limitation on the Major Life Activity
Breathing		
Caring for oneself		
Concentrating		
Digestive		
Hearing		
Initiating Work		
Interacting with others		
Lifting		
Managing internal/external distractions		
Memory		
Organizing		
Reaching		
Reading		
Seeing		
Sitting		
Sleeping		
Standing		
Stress Management		
Talking		
Thinking		
Timely submission of assignments		
Understanding directions		
Walking		
Working		
Other		



- 5. What limitation(s) is interfering with academic performance or accessing a benefit of education or on campus housing?

- 6. What academic function(s) or benefits of education is the student having trouble performing or accessing because of the limitation(s)?

- 7. How does the student's limitation(s) interfere with his/her ability to perform the academic function(s)?

- 8. What accommodations do you recommend **AND** how will these accommodations improve the student's academic performance?

- 9. Additional information that will assist Washburn University in determining appropriate reasonable accommodations:

Health Professional's Information:

Name (Please print) _____

Type of practice/Medical specialty: _____

Address: _____

City/State/Zip Code: _____

Telephone: _____ Fax: _____

(Signature of Health Professional)

(Date)

Please return this form to:
Danielle Dempsey-Swopes, Director
Washburn University Diversity and Inclusion, 1700 SW College Avenue, Topeka, KS 66621
Phone: 785-670-1629