

Disability and Impairment Assessment Form

Medical Provider Must Complete this form

Student's Name: _____

Washburn ID Number: _____

Washburn University provides academic accommodations to students with disabilities. A student's documentation regarding the medical condition must demonstrate that the student has a disability covered under the Americans with Disabilities Act (ADA 1990) and the Americans with Disabilities Act Amendments Act (ADAAA, 2009). **The ADA/ADAAA defines a disability as a physical or mental impairment that substantially limits one or more major life activities.** To determine eligibility for services and accommodations, this office requires current and comprehensive documentation of the student's disability from the diagnosing physician or health-care provider. The provider completing this form cannot be a relative of the student. Items 1-7 must be completed in full. If the space provided is not adequate, please attach a separate document. The provider should attach any reports that provide additional related information (e.g., psycho-educational report and test scores on **the description should include a list of the diagnostic tests utilized, a list of the results of the diagnostic procedures and tests, and the dates they were administered.**

Illegible forms may delay the process for the student.

1. What is the student's Medical/DSM-5 diagnosis, please list all that apply?

a) Date of original diagnosis?

b) What is the severity of the condition? Please check one: ☐ Mild ☐ Moderate ☐ Severe

c) Please explain severity:

2. Please check which of the major life activities listed below are affected by the diagnosed disability. Please indicate the level of limitation.

Life Activity	Little to No Impact	Moderate Impact	Substantial Impact	Don't Know
Concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Managing external distraction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organizing ideas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timely submission of assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending class regularly and on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making and keeping appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please state the following:

a) Date of first evaluation with student:

b) Date of last evaluation of student:

4. What limitation(s) interfere with the academic performances or access to benefit of education or on campus housing? How does the student's limitations interfere with the ability to perform academically?

5. What academic functions or benefits of education is the student having difficulty with because of the limitations? (e.g., in a classroom setting).

6. What specific accommodations do you recommend AND how will these accommodations improve the students' academic performance?

7. Please state the reasons for this recommendation related to the student's condition).

Student Name_____ **WIN#**_____

The provider completing this form cannot be a relative of the student.

I am the medical provider for the student named above and recommend the disability accommodations noted on this form.

Signature of provider Date

License # Licensing Authority State

(Please Type or Print Legibly)

Name/Title: _____

Address: _____

Phone: _____

Please Return completed form to:

Student Accessibility Services

Washburn University

1700 College Ave

Topeka, Kansas 66621

Phone: 785-670-1622

Fax: 785-670-1056

accommodations@washburn.edu