

Please Return Form To:

STUDENT DISABILITY SERVICES/ADA

P.O. Box 2216 | Decatur, AL 35609 (256) 306-2630 | Fax: (256) 260-2447

Impairment and Disability Assessment ****TO BE COMPLETED BY A DOCTOR, LICENSED COUNSELOR, OR MEDICAL PROFESSIONAL****

In order for Calhoun Community College to provide disability-related services, we need to establish this student has a qualifying 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:

Student Name:	Date of Birth:	
Name of Doctor/Licensed Counselor/Medical Professional:		
Facility Name and Address:		
Phone:		
Signature of Medical Professional		
I. Impairment Assessment		
1. What is the diagnosis/impairment?		
2. When was the diagnosis originally made?		
3. Is the patient/student currently under your care?		
4. When did you last see the patient/student?		
5. Is the impairment temporary (<6 months) or persistent?		

(Continued on back)

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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			
Speaking			
Hearing			
Breathing			
Standing			
Working			
Eating			
Lifting			
Walking			
Seeing			

	1	2	3
Bending			
Performing manual tasks			
Sleeping			
Learning			
Reading			
Thinking			
Concentrating			
Communicating with others			
Other:			
Other:			

what are the functional limitations resulting from the impairment's impact on major life activities identified in the
assessment above?
Based upon the major life activities affected by the impairment, are there any accomodations within the context of the
community college environment that you can recommend for this student?

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