



Impairment and Disability Assessment

TO BE COMPLETED BY A MEDICAL PROFESSIONAL OR LICENSED COUNSELOR

For Calhoun Community College to provide disability-related services, we need to prove the student, whose name is listed below, has a qualifying disability. A disability is defined as an impairment sustainably limiting a major life activity. This form is designed to help make that assessment.

Student Name: _____ Date of Birth: _____

Please respond to the following items:

Impairment Assessment:

What is the diagnosis/impairment? Please include DSM-V or ICD-10:

Is the student currently under your care? _____ Date of last visit: _____

Check any of the major life activities listed below that are sustainably affected because of the impairment.

Table with 6 columns and 6 rows listing activities: Self-Care, Learning, Reading, Thinking, Concentrating, Communicating, Speaking, Hearing, Visual, Breathing, Standing, Working, Lifting, Walking, Eating, Bending, Manual Tasks, Sleeping.

Duration of Disability: []Permanent/Chronic []Temporary, estimated duration _____
Condition is: []Stable [] Prone to exacerbations

Based upon the major life activities affected by the impairment, what accommodations (within the context of the community college environment) would you recommend for this student? If needed, use the back of the page.

I understand that the information provided in this form will become part of the student record subject to the federal Family Education Rights and Privacy Act (FERPA) of 1974 and may be released to the student upon written request.

Signature of Licensed Professional: _____

Printed Name: _____ License #: _____

Facility Name & Address: _____

Phone: _____ Today's Date: _____