

# Disability Services & Resources (DSR) Office Enrollment Form



## Impairment and Disability Assessment

**\*\*\*TO BE COMPLETED BY A MEDICAL PROFESSIONAL OR LICENSED COUNSELOR\*\*\***

In order for Gadsden State to provide disability-related services, we need to establish the person whose name is listed in the box below has a qualifying disability. A disability is defined as an impairment sustainably limiting a major life activity. This form is designed to help us make that assessment. Please respond to the following items:

<b>Student Name:</b> _____	<b>Date of Birth:</b> _____
Medical Professional/Licensed Counselor: _____	
Facility Name & Address: _____	
Phone: _____	Today's Date: _____
<b>Signature of Medical Professional:</b> _____	

### Impairment Assessment:

What is the diagnosis/impairment? \_\_\_\_\_

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

Check any of the major life activities listed below that are sustainably affected as a result of the impairment.

Self Care		Speaking		Lifting	
Learning		Hearing		Walking	
Reading		Breathing		Seeing	
Thinking		Standing		Bending	
Concentrating		Working		Manual Tasks	
Communicating		Eating		Sleeping	

What are the functional limitations resulting from the impairment's impact on the major life activities marked?

\_\_\_\_\_

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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_