

## **Accessibility Services**

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## **DOCUMENTATION OF DISABILITY**

The Office of Disability Services' goal is to provide reasonable and effective accommodations for students with qualifying disabilities to support equal access to their education.

Eligibility for accommodations is determined by the individual's qualifications as a person with a disability. A disability is a physical or mental impairment that substantially impairs or restricts one or more major life activities. Documentation must be less than three years old.

Student Name:	
Address:	
Initial Diagnosis Date:	
Last Contact Date:	
DSM-IV multi-axial Diagnosis:	
Current Symptoms and Treatment Strategies:	

Assess degree of functional impairment due to disability 1=Negligible 2=Moderate 3=Substantial 4=Sever	e	UN=Unknown			
	1	2	3	4	UN
1) Time Management	1	2	3	4	UN
2) Organizational skills (physical and/or cognitive)	1	2	3	4	UN
3) Task persistence	1	2	3	4	UN
4) Memory skills	1	2	3	4	UN
5) Reading (fluency, comprehension)	1	2	3	4	UN
6) Quantitative skills	1	2	3	4	UN
7) Written Expression	1	2	3	4	UN
8) Employment/work skills	1	2	3	4	UN
9) Self esteem/social skills	1	2	3	4	UN
10) Other	1	2	3	4	UN
In addition to this document, please attach the diagnostic sun information that you feel is relevant in determining appropria student.	-	-		-	this
Diagnostician's Name:					
Diagnostician's Title/Credentials:					
Diagnostician's Signature:					
Date:					

Please return this form and accompanying documentation to Accessibility Services. It is imperative we receive verification of the provider's authenticity. All documentation must include an official clinic stamp, original letterhead and/or fax cover sheet.