

Airport Campus
Counseling & Career Services
Midlands Technical College
PO Box 2408
Columbia, SC 29202
Phone (803) 822-3505
Fax (803) 822-3295
TTY (803) 822-3021
E-mail: counseling@midlandstech.edu

Please return this form to the campus you are attending



Beltline Campus
Counseling & Career Services
Midlands Technical College
PO Box 2408
Columbia, SC 29202
Phone (803) 738-7636
Fax (803) 790-7515
TTY (803) 738-7164
E-mail: counseling@midlandstech.edu

Traumatic Brain Injuries – Related Cognitive Disability

Student's Name: _____

To be Completed by a Licensed Provider qualified to conduct neuropsychological assessments:

Though each case is dealt with on its own merits, eligibility for disability accommodations and services typically requires that the student present the following evidence:

- The student has at least average intellectual ability and learning difficulties are caused by any injury-related impairment in the brain's ability to process information
- Assessment data supports the existence of a cognitive impairment that is severe enough to have the potential to substantially limit academic performance. A substantial limitation is defined as performance below that of the "average person" as referred to in the American's with Disabilities Act (ADA)
- The cognitive dysfunction or deficit substantially limits the current academic performance

Midlands Technical College provides testing and classroom accommodations for students with a verified and substantially limiting disability. A student's documentation must demonstrate the existence of a condition covered by the Americans with Disabilities Act (ADA: 1990). **The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities.** Documentation of such an impairment must be derived from a licensed provider who is not a relative of the student. Specific information regarding the condition as well as its impact on learning must be provided. If the student requires disability accommodations for other conditions that have resulted from the brain injury, such as physical or emotional difficulties, those conditions must be addressed with documentation that meets MTC requirements for those impairments. Please contact our office for more information. A/C (803) 822-3505 B/C (803)738-7636

Please attach a separate sheet of paper or include a separate report if the space provided is not sufficient.

1. What is the student's **DSM IV-TR Diagnosis**? _____

a. State the current symptoms: _____

b. How is the disability substantially limiting? _____

c. State the frequency of your appointments with this student and the date of your last contact with the student? _____

Student's Name: _____

2. Are there any significant conditions that have resulted from the cognitive impairment? If so, what are they and how are they substantially limiting? _____

3. List and describe the measures/instruments used to complete a neuropsychological assessment, which supports the student's difficulties. **Please attach the diagnostic report** including an evaluation which may include the following:

- Short and long-term functioning in all sensory modalities
- Verbal and nonverbal problem-solving and reasoning
- Attention span and orientation to time, place, and space
- Language recognition and speech competence
- Visual-motor coordination and sensory abilities
- The ability to plan, abstract and synthesize information

4. List and describe the measures/instruments and scores used to establish a comprehensive individual achievement evaluation including basic reading skills, reading comprehension, math reasoning, and math calculation; and a functional assessment or standardized test of written expression. **Please attach the report findings including standard/percentile scores and interpretation.** _____

5. List the student's current medication(s) and adverse side effects, if applicable.

6. Please state specific recommendations regarding accommodations for this student, and a rationale as to why these accommodations are warranted based upon the student's functional limitations. Indicate why the accommodations you recommend are necessary. _____

Signature of Provider: _____
License # _____

Date: _____
State: _____

Name/Title: _____
Address: _____
Phone: _____
E-mail: _____