DISABILITY SERVICES STANDARD DOCUMENTATION FORM



(to be completed by a qualified professional only)

Name:			DOB:		
First		Last			
Diagnosis/Diagnoses	s:				
	_	ese diagnosis/diagnoses? 🛭 Ye			
		ubstantial limitation on a major	life activity for this per	son? ☐ Yes ☐ No	
_	r life activities is limited?				
☐ Walking	☐ Vision	☐ Hearing	☐ Breathing	☐ Doing Manual Tasks	
☐ Self Care	☐ Learning	☐ Social Interactions	☐ Thinking	☐ Concentrating	
☐ Reading	☐ Writing	☐ Speaking	☐ Calculating	☐ Working	
☐ Other					
Specifically describe degree the person is		ributes to functional limitations	in an <u>academic</u> settin <u>c</u>	g for this person and to what	
What test(s), if any, w	vere done to determine	diagnosis and/or limitations? _			
· ·		ations, please describe any fun	•	·	
What reasonable aca	ademic accommodations	s would you support on behalf	of this person?		
Signed			Date		
Name and Title of Q	ualified Professional				
License #			State		
			itle		
			-ax		

Evaluation report and/or documentation forms themselves do not automatically qualify student(s) for reasonable accommodations. Counseling & Career Services office will make final decisions regarding accommodations and any other services they or Midlands Technical College may provide.