DISABILITY SERVICES
STANDARD DOCUMENTATION FORM

MIDLANDS TECHNICAL COLLEGE

Name: _____ DOB: _____
First Last

Diagnosis/Diagnoses: _____

Are you currently providing treatment for these diagnosis/diagnoses? ☐ Yes ☐ No
Do(es) the condition(s) listed above have a substantial limitation on a major life activity for this person? ☐ Yes ☐ No

Which of these major 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 how the condition contributes to functional limitations in an academic setting for this person and to what degree the person is limited.

_____

_____

_____

What test(s), if any, were done to determine diagnosis and/or limitations? _____

_____

If this person is taking any prescribed medications, please describe any functional impairment these medications may likely cause. _____

_____

_____

What reasonable academic accommodations would you support on behalf of this person?

_____

_____

_____

Signed _____ Date _____

Name and Title of Qualified Professional

License # _____ State _____
Name _____ Title _____
Address _____
Phone _____ Fax _____

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.