

# VIRGINIA WESTERN

OFFICE OF DISABILITY SERVICES  
PROVIDER ASSESSMENT OF DISABILITY

## STUDENT AUTHORIZATION – TO BE COMPLETED BY STUDENT

I authorize \_\_\_\_\_ to release  
Name of health care professional

information pertaining to the diagnosis and treatment of \_\_\_\_\_  
Name of diagnosis/impairment

to the Office of Disability Services at Virginia Western Community College.

**Office/Clinic** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone** \_\_\_\_\_ **Fax** \_\_\_\_\_

Print name	SSN	DOB
Signature	Date	

**Please note: By signing this release form, any records obtained are the sole possession of Virginia Western Community College's Office of Disability Services. These records are held confidentially by our office and are not accessible or released to the student or other personnel.**

## ASSESSMENT OF DISABILITY - TO BE COMPLETED BY PROVIDER

**Provider:** The patient/client, listed above, has requested academic/auxiliary accommodations for their disability during their enrollment at Virginia Western Community College. Accommodations are provided based on the submission of current documentation verifying their diagnosis and current level of functioning. Thank you for providing this information in a timely manner.

- A. Primary diagnosis/impairment? \_\_\_\_\_
- B. Date of original diagnosis: \_\_\_\_\_
- C. Is the patient/client currently under your care? \_\_\_\_\_
- D. When did you last see the patient/client? \_\_\_\_\_
- E. Is the impairment temporary (< six months) or persistent? \_\_\_\_\_

Please list any secondary diagnosis/diagnoses by name that may also impact student:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Current list of prescribed medications: \_\_\_\_\_

Possible negative side effects these medications may have on learning (e.g., slowed processing speed, distractibility):

**IMPACT OF DISABILITY ON MAJOR LIFE ACTIVITIES – TO BE COMPLETED BY PROVIDER**

Please rate the impact of your client’s disability on major life activities:

<u>FUNCTION</u>	<u>MINOR</u>	<u>MODERATE</u>	<u>MAJOR</u>	<u>COMMENTS</u>
Caring for oneself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Performing manual tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lifting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Seeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interacting with others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Learning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Concentrating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Please list any accommodations/other pertinent information that would support the student within the college environment (e.g. extended time on tests, record class lectures):

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Print Name:

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Provider Signature:

Date:

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**Please mail or fax form to:**

Virginia Western Community College  
 Office of Disability Services- Attn: Hillary Holland, LPC  
 3096 Colonial Ave.  
 Roanoke, VA 24015  
**(540) 857-7918**

*It is the policy of the Virginia Community College System and Virginia Western Community College to maintain and promote equal employment and educational opportunities without regard to race, color, sex, age, religion, disability, national origin, or other non-merit factors. For further information, contact the ADA/Section 504 and Title IX Coordinator, Hillary Holland in the Student Life Center, S207, phone (540) 857-7286, [TitleIXCoordinator@viriniawestern.edu](mailto:TitleIXCoordinator@viriniawestern.edu)*