

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. _____
- 4. _____
- 5. _____

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):

Print Name:

Provider Signature:

Date:

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 Title IX Coordinator, Hillary Holland in the Student Life Center, Room S207, phone (540) 857-7286 TitleIXCoordinator@virginiawestern.edu or the ADA/Section 504 Coordinator, at the Office of Disability Services, Student Life Building room 207, phone (540) 857-7286. TTY number is (800) 855-2880 all users 711.