

Disability Resource Center
The College of St. Scholastica

**PHYSICAL (MEDICAL) DISABILITY DOCUMENTATION
REQUEST FORM**

THIS FORM MUST CONTAIN ALL OF THE REQUESTED INFORMATION AND BE TYPED OR PRINTED IN ORDER TO APPLY FOR ACCOMMODATIONS THROUGH THE DISABILITY RESOURCE CENTER.

Student's Name: _____
Date of Birth: _____
Address: _____
Phone Number: _____
Social Security Number: _____

This student is requesting an auxiliary aid or service, academic adjustment, and/or other accommodation(s) from the Disability Resource Center. In order to consider this request, as well as to ensure the provision of reasonable and appropriate auxiliary aids and services, CSS Policy requires that a **Qualified Professional** provide current and comprehensive documentation. A qualified professional includes a medical doctor or other qualified healthcare professional.

IN ORDER TO BE CONSIDERED CURRENT, THE QUALIFIED PROFESSIONAL'S STATEMENT MUST BE WITHIN 3 YEARS PRIOR TO THE DATE OF THE MOST RECENT REQUEST FROM THE OFFICE OF DISABILITY SERVICES.

The documentation provided must include information that diagnoses a physical or systemic (medical) disability, describes the functional limitations in an educational setting, indicates the severity and longevity of the physical or systemic (medical) disability for the purpose of determining academic adjustment(s) or other accommodation(s), and lists current medication along with any current side-effects that may impact academic performance. If it is a visual disability, the documentation must include the student's visual acuity (best corrected), a description of the effects of the visual problems, and a recommended font size for text when enlarged text is recommended as an accommodation.

To facilitate the gathering of such critical information, please respond to the following and return to CSS, Disability Resource Center.

1. Diagnosis: _____
2. Date of Diagnosis: _____
3. Date of Last Contact with Student: _____

4. If the problems associated with the condition are temporary, how long will the problems last?

5. Provide a summary of the student's educational, medical, and family history that relates to the physical or systemic (medical) disability (difficulties must be related to the diagnosed disability and are not the result of other conditions, cultural differences, or insufficient instruction):

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4. Describe the student's functional limitations in an educational setting:

5. List current medication along with any current side-effects that may impact academic performance:

6. Please indicate the **RECOMMENDATIONS** you regard as necessary and appropriate auxiliary aids or services, academic adjustments, or other accommodations to equalize the student's educational opportunities at CSS as justified based on the functional limitations indicated above.

Please check all that apply:

<input type="checkbox"/> extended time (2.0x)	<input type="checkbox"/> distraction-reduced environment
<input type="checkbox"/> alternative test format	<input type="checkbox"/> consideration for absences
<input type="checkbox"/> no scantron	<input type="checkbox"/> note taker
<input type="checkbox"/> books on tape	<input type="checkbox"/> enlarged text (font size ___)
<input type="checkbox"/> reader	<input type="checkbox"/> scribe
<input type="checkbox"/> other _____	

Qualified Professional's Signature: _____
Printed Name & Title: _____
Daytime Telephone Number: _____
Address: _____
Date: _____

Please return this form directly to:

The College of St. Scholastica
Heather Angelle, MSW, LICSW
Disability Resource Center
Tower 2139
Duluth, MN 55811
Ph: (218) 723-6645
Fax: (218) 723-6482