

JOLIET JUNIOR COLLEGE

STUDENT ACCOMMODATIONS & RESOURCES

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IMPAIRMENT AND DISABILITY ASSESSMENT

In order for the Joliet Junior College to provide disability-related services, we need to establish this student has a disability. A disability is defined as impairment substantially limiting a major life activity. This form is designed to help us make that assessment. Please respond to the following items.

Date: _____ Date of Birth: _____

Name of Student: _____

Health Professional's Name: _____

Clinic name and Address: _____

Phone: _____

Health Professional's Signature: _____

1. Impairment Assessment

A. What is the diagnosis/impairment? _____

B. When was the diagnosis originally made? _____

C. Is the patient/student currently under your care? _____

D. When did you last see the patient/student? _____

E. Is the impairment temporary (<6 months) or persistent? _____

2. Major life activities Assessment:

Please check any of the major life activities listed below that are affected as a result of the impairment.

Please indicate level of limitation

1 = Negligible

2 = Moderate

3=Substantial

	1	2	3
Caring for oneself			
Talking			
Hearing			
Breathing			
Standing			
Working			
Reaching			
Lifting			
Sitting			
Walking			
Seeing			
	1	2	3
Writing			
Performing manual tasks			
Sleeping			
Learning			
Reading			
Thinking			
Concentrating			
Memorizing			
Taking exams			
Interacting with others			
Other:			

What are the functional limitations resulting from the impairment's impact on major life activities identified in #2 above? _____

Based upon the major life activities affected by the impairment, are there any accommodations within the context of the college environment that you can recommend for this student?
