

JOLIET JUNIOR COLLEGE

1215 Houbolt Road
Joliet, IL 60431

STUDENT ACCOMMODATIONS & RESOURCES

(815)729-9020 Ext. 2230
FAX (815)280-2820

Disability Documentation Form for Students with Mobility Impairments, Upper Extremity Conditions, Carpal Tunnel Syndrome and Other Functional Impairments due to Medical Conditions

Date: _____ Date of Birth: _____

Name of Student: _____

Dear Medical Professional:

The student whose name appears above has applied for services from Student Accommodation and Resources (StAR) at Joliet Junior College. In order to verify the presence of impairment and determine the student's eligibility for services, we will need your assessment and diagnosis of this student. Please assist the student by completing the information below. You can fax or mail the form to us at the address above. If you prefer, you can answer these questions in a signed and dated letter on your professional letterhead.

1. Diagnosis/diagnoses:

2. Date of diagnosis/diagnoses: _____

3. Most recent contact with this student (date): _____

4. Identify and describe the specific functional limitations related to this impairment in any of the following areas:

- Mobility
- Fatigue/Stamina/Pain
- Learning (i.e., memory, concentration, speed of cognitive processing, etc.)
- Other limitations (i.e., performing manual tasks, standing sitting, writing, typing, lifting, etc.)

5. Please attach any other supporting information (e.g., neurological or psycho-educational test reports, etc.)

6. Medication, effects, and possible side-effects:

7. If student is currently undergoing treatment, please describe how treatment may affect the student in a post-secondary setting.

8. What is the student's prognosis? How long do you expect the student to have the aforementioned functional limitations?

9. If condition is not permanent and unchanging, when should student be re-evaluated (by you or another medical professional)?

Signature of Professional

Date

Professional/s Name (printed) and Title

License Number

Street Address

Telephone Number

City, State, Zip Code

Fax Number