



OFFICE OF DISABILITY SERVICES

Snow College Office of Disability Services

150 East College Avenue, Ephraim UT 84627

435-283-7321 or 435-283-7243

FAX: 435-283-7314

paula.robison@snow.edu

DISABILITY DOCUMENTATION FORM

To be filled out by a licensed psychiatrist, psychologist, neurophysiologist, or other qualified and licensed medical, mental health, educational or diagnostic professional.

This documentation must be emailed/faxed or mailed from the licensed professional directly to Snow College ODS using the information in the box above. (Not to be delivered by the student)

The individual named on this document has applied for accommodations from the Snow College Office of Disability Services (ODS). Appropriate documentation is required so the ODS can determine eligibility and, if eligible, determine appropriate accommodations.

Professionals completing this form must have first-hand knowledge of the condition of this individual.

The Americans with Disabilities Act (ADA) defines disability as “a physical or mental impairment that substantially limits one or more major life activities, a record of such impairment, or being regarded as having such an impairment.” Disabilities involve substantial limitations and are distinct from common conditions not substantially limiting major life activities.



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DIAGNOSIS: PLEASE LIST DSM and/or ICD CODES

Please check the primary condition that has the greatest impact on the student (if more than one condition, then multiple forms can be submitted):

Table with 3 columns: Disability, Date of Initial Diagnosis, DSM, ICD CODE. Rows include Autism Spectrum, Brain Injury, Learning Disability, Psychiatric Disability, Chronic Health, and three Other entries.

DIAGNOSTIC TOOLS USED TO ARRIVE AT DIAGNOSIS:

Check all that apply:
Include assessment report(s) to this form

- Checkboxes for: Psycho-educational testing, High School IEP/504 plan, Interview with client, Interviews with other persons, Medical History, Other, Behavioral observations, Developmental history, Neuro-psychological testing, Self-rated or interviewer rated scales, Medical Testing.



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IMPLICATIONS FOR ACADEMIC/STUDENT LIFE

Major Life Activity	Substantial Limitation How does the student's condition impact each major life activity if it applies?
CONCENTRATION	
STAYING ON TASK	
MANAGING DISTRACTIONS	
COMPLETING TASKS	
LISTENING	
TIME MANAGEMENT AND ORGANIZATION	
SOCIAL INTERACTIONS	
SELF-CARE	
SLEEPING	
EATING	
MOTIVATION	
STRESS MANAGEMENT	



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Major Life Activity	Substantial Limitation How does the student's condition impact each major life activity if it applies?
LONG TERM MEMORY	
SHORT TERM MEMORY	
READING	
MATHEMATICS	
WRITING	
OTHER (EXPLAIN) _____	
OTHER (EXPLAIN) _____	

MEDICATION, TREATMENT, PRESCRIBED AIDS

Please describe treatment, medication and prescribed aids being used to address the diagnosis listed above. Does not apply



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Please describe the impact of medication side-effects that may adversely affect the student's academic performance. Does not apply Unknown

Is the student compliant with prescribed medication and/or aids as part of the treatment plan? If no, explain: Does not apply Unknown

PROGNOSIS: EXPECTED DURATION OF PRIMARY CONDITION

Permanent Temporary

Check all that apply to this condition:

Stable Episodic Slow Progression Rapid Progression Improving

Any additional comments:

Please email/fax or mail this documentation from the licensed professional directly to Snow College ODS using the information in the box above. (Not to be delivered by the student)

Thank you for helping us in determining eligibility/appropriate accommodations for this student.

Certifying Professional's Signature: _____

Date: _____