

**Jefferson Community College
Scanlon Learning and Success Center**

Documentation Form for a Physical Disability

This form is intended to assist an evaluator who is documenting a specific physical disability for a JCC student. Please complete all sections on this form or prepare a comprehensive narrative equivalent, and return either to the Scanlon Learning and Success Center for review. Please refer to the attached guidelines for more information in regard to each of the following sections.

Student Name: _____ **DOB:** _____

Evaluator Information

Title and practice name: _____

Name and credentials: _____

Mailing address: _____

Telephone number: _____ Fax number: _____

E-mail address: _____

Diagnosis and/or Limitations from Medication

Please state the ICD-10 diagnosis and/or limitations from medication(s) that pertain to this student and relate to his or her disability. Please feel free to append additional pages if necessary.

ICD-10 diagnosis: _____

Description: _____

Medication list: _____

Effects on major life activities: _____

Requested Accommodation(s)

Please place a checkmark next to each accommodation(s) that is being requested for this student. Please explain why this accommodation is being recommended. **At this point in time**, the functional limitation(s) in an academic setting is.....

_____ **Extended time to complete exams**, please specify _____ (e.g. 1.5 times allotted exam period)

Explanation for recommendation: _____

_____ **Exams/Quizzes in a separate location** (this would pertain to someone who needs frequent breaks due to pain management)

Explanation for recommendation: _____

_____ **Books on tape/disc**

Explanation for recommendation: _____

_____ **Enlarged text**

Explanation for recommendation: _____

_____ **Tape-recorded lectures** (in lieu of paper notes for students with mobility or cognitive impairments)

Explanation for recommendation: _____

_____ **Notetakers**

Explanation for recommendation: _____

_____ **Scribe for exams**

Explanation for recommendation: _____

_____ **Word processor**

Explanation for recommendation: _____

_____ **Calculator/math tables**

Explanation for recommendation: _____

_____ **Interpreting services**

Explanation for recommendation: _____

_____ **Other accommodations** (service animal, special equipment- be specific in regards to physical disability)

Explanation for recommendation: _____

(Please feel free to append pages if necessary.)

Please comment on this student's **strengths and weaknesses** as they pertain to the academic setting. This information will aid in the appropriate design of academic and/or accommodative services (append additional pages if necessary): _____

Evaluator signature

Date

If you have any questions, please feel free to contact Tanya Hoistion, JCC Disability Specialist, at (315)786-2335 or thoistion@sunyjefferson.edu.