



Learning Support and Disability Services Department

**REQUEST FOR DOCUMENTATION OF MEDICAL, PSYCHOLOGICAL AND/OR PHYSICAL
DISABILITIES**

_____ has reported a diagnosis of a medical, psychological or physical disability to the Learning Support & Disability Services office at The College of Idaho. In order to determine if this person is eligible for assistance and/or reasonable accommodations, the College requires the student and appropriate medical professional (CERTIFYING LICENSED THERAPIST, COUNSELOR, PHYSICIAN, PSYCHIATRIST, OR CLINICAL PSYCHOLOGIST) provide the following information. The student is responsible for completing section I. The medical professional is responsible for completing Section II. Please thoroughly complete each section. **It is important that we have as much useful information as possible when determining a student's eligibility for services. Incomplete forms may result in the denial or delay of services.**

Please mail, email or fax the completed form to the Director of Learning Support and Disability Services at the College of Idaho. Contact information is provided on the end of this form.

Section I.

I hereby give permission for The College of Idaho, Learning Support & Disability Services to request diagnostic information for determining eligibility for services/accommodations.

Student Name Printed

Student Signature

Section II.

STUDENT NAME _____

I. Specific medical diagnosis: _____

Level of severity: _____

Date of initial onset: _____

How often do you meet, or have you worked with this student? _____

II. Does this condition "substantially limit" one of the following major life activities?

____ walking ____ hearing ____ seeing
____ working ____ performing manual tasks ____ social interactions
____ other (please describe) _____

- III. Please describe the functional limitations that are a result of the medical/mental health condition. Description should include a sense of severity, information on variability over time or circumstance, and potential environmental triggers.
- IV. Treatments, medications, assistive devices/services currently prescribed or in use. Please provide a description of treatments, medications, assistive devices, accommodations and/or assistive services in current use and their estimated effectiveness in ameliorating the impact of the condition(s). Include any significant side effects that may affect physical, perceptual, behavioral or cognitive performance.
- V. List recommended accommodations and services. Recommendations should be logically connected to the impact of the condition. When connections are not obvious they should be explained. Recommendations will be weighed as reasonable, deferred to whenever possible, but are no way guaranteed. They will be evaluated in context of the academic/residential needs of the student. Every accommodation should be followed by a justification for it based on the disability diagnosis.

Name

Signature

Street Address

City, State, Zip Code

Phone Number

Date

Thank you,



Natalie Davison, MS, CRC
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www.collegeofidaho.edu