



DOCUMENTATION OF MEDICAL CONDITION

The student named below has applied for services from the Accessibility Resource Office (ARO) at Westmont College. In order for the ARO to determine eligibility for services, we will need your assessment and diagnosis of this student.

Please note: All information that you provide may be shared with the student. This information is kept confidential, and cannot be released without written consent from the student.

Student Name: _____ Today's date _____

Certifying professional (please print): _____ Title _____

City _____ State _____ Zip _____

License No. _____ Phone _____ Fax _____

1. What is the diagnosis/impairment?

2. What is the date of diagnosis/impairment?

3. Major Life Activities Assessment: Please use a checkmark to indicate the disability's impact, if any, on the activities listed below, and describe the impact if appropriate.

LIFE ACTIVITY	Unknown	No Impact	Minimal impact	Moderate Impact	Severe Impact
Walking (e.g. how far/long can student walk, use of mobility devices such as wheelchair, etc.)					
Standing (e.g., duration)					
Sitting (e.g., duration)					





Performing manual tasks (e.g., reaching, manipulating materials & lab equipment, etc.)					
Writing/Keyboarding (e.g., unable to keyboard more than 10 min., unable to handwrite, etc.)					
Speech Impairment					
Breathing					
Sleeping (or attach most recent sleep study)					
Caring for oneself (e.g., personal care, laundry, household tasks, etc.)					
Hearing (or attach most recent audiogram)					
Vision (or attach most recent eye exam)					
Learning					
Reading					
Concentrating					
Communication					
Other: _____ _____					

Comments:





4. Please describe the effect of the medical condition, including side effects and/or pain symptoms, on academic performance (e.g., concentration, reading, thinking, learning, etc.) and attendance.

5. Please list medications and possible side effects on academic performance and attendance.

6. If student is undergoing treatment, please describe how treatment (e.g., frequency of treatments, side effects of treatments, etc.) may affect student's performance and attendance.

7. Will the functional limitations last for the duration of the student's matriculation at Westmont College? Yes _____ No _____

8. If functional limitations fluctuate, how frequently did the student experience flare-ups within the past 12 months or since onset of diagnosis?





9. When and/or how often should the student be evaluated? Or, if limitations are not permanent, when will the injury be resolved?

10. Please attach any relevant supporting documentation

11. Recommendations for accommodations

Signature

Date

Return to:

Westmont College

The Accessibility Resource Office

955 La Paz Rd., Santa Barbara, CA 93108

FAX to: 805-565-7244

EMAIL/SCAN to: aro@westmont.edu

