

Please return form to Disability Support Services
3421 Meridian Street North Huntsville,
AL 35811
Phone 256-551-7264
studentsuccess@drakestate.edu

Impairment and Disability Assessment

****TO BE COMPLETED BY A DOCTOR, LICENSED COUNSELOR, OR MEDICAL PROFESSIONAL****

In order for Drake State Community and Technical College to provide disability-related services, we need to establish this student has a qualifying disability. A disability is defined as an impairment substantially limiting a major life activity. This form is designed to help us make that assessment. Please respond to the following items.

Student Name: _____ Student Date of Birth: _____

Name of Doctor/Licensed Counselor/Medical Professional: _____

Facility

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Signature of Medical Professional: _____ Date: _____

I. Impairment Assessment

A.

II. Major Life Activities Assessment

*** TO BE COMPLETED BY DOCTOR, LICENSED COUNSELOR, OR MEDICAL PROFESSIONAL ***

Please check any of the major life activities listed below that are affected as a result of the impairment. Please indicate the level of limitation.

1- Negligible 2- Moderate 3- Substantial

	1	2	3		1	2	3
Caring for oneself				Bending			
Speaking				Performing Manual Tasks			
Hearing				Sleeping			
Breathing				Learning			
Standing				Reading			
Working				Thinking			
Eating				Concentrating			
Lifting				Communicating with others			
Walking				Other:			
Seeing							

What are the functional limitations resulting from the impairments impact on major life activities identified above in #2 above?

Based upon the major life activities affected by the impairment, are there any accommodations within the context of the community college environment that you can recommend for this student?
