

**Jefferson Community College
Scanlon Learning Skills 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 Skills 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

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.

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.

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

_____ **Exams/quizzes in a separate location**
Explanation for recommendation: _____

_____ **Exams/quizzes read orally**
Explanation for recommendation: _____

_____ **Books on tape**
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 (hard copy generally restricted to ADHD and auditory impairments and/or auditory processing disorders)**
Explanation for recommendation: _____

_____ **Scribe for exams**
Explanation for recommendation: _____

_____ **Use of a word processor/spellchecker**
Explanation for recommendation: _____

_____ **Use of a calculator/math tables**
Explanation for recommendation: _____

_____ **Interpreting services**
Explanation for recommendation: _____

_____ **Other accommodations (please feel free to append pages)**
Explanation for recommendation: _____

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

Evaluator signature

Date

If you have questions, please feel free to contact Sheree Trainham, JCC Disability Specialist, at (315) 786-2335.