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: _____________________________________________________________________

(over)
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.

(Last Revised 1/2010)