Office of Accessibility Resources
Inver Hills Community College
Phone: 651.450.3884

DOCUMENTATION OF DISABILITY

The Office of Accessibility Resource's goal is to provide reasonable and effective accommodations for students with qualifying disabilities to support equal access to their education.

Eligibility for accommodations is determined by the individual's qualifications as a person with a disability. A disability is a physical or mental impairment that substantially impairs or restricts one or more major life activities. Documentation must be dated within the last three years.

*****To be filled out by a medical doctor, licensed mental health counselor, or licensed psychologist*****

Student Name & Date of Birth: _____

Name of Clinic/Medical Office & Address: _____

_____

_____

_____

Initial Date of Diagnosis(es): _____ **Most Recent Assessment Date:** _____

Diagnosis(es): _____

_____

_____

_____

The diagnosis(es) must clearly state a DSM-5 or ICD-10 diagnosis, and also must verify interference with a major life activity.

Please check all major life activities affected by the above listed diagnoses:

- ☐ Caring for oneself
- ☐ Performing manual tasks
- ☐ Walking
- ☐ Seeing
- ☐ Hearing
- ☐ Breathing
- ☐ Learning
- ☐ Working

Current Symptoms:

_____

_____

_____

_____

Current Treatment Strategies and Prognosis:

_____

_____

_____

_____

Summary of the functional limitations of the diagnoses and the impact that medication and/or treatment has on educational functioning:

_____

_____

_____

_____

Suggested Accommodations:

Diagnosticians can provide suggestions for reasonable accommodations appropriate at the post-secondary level of education. Such accommodations should be supported by both the assessment results and by the diagnosis(es). The Director of Disability Services will evaluate recommendations on a case-by-case basis. Accommodations must be reasonable and cannot fundamentally alter the basic nature or essential elements of an institution's courses or programs.

_____

_____

_____

_____

Diagnostician's Name: _____ **Date**: _____

Diagnostician's Title/Credentials: _____

Diagnostician's Signature: _____

Please mail, e-mail, or fax the above information to:

ATTN: Randi Goettl
Director of the Office of Accessibility Resources
Inver Hills Community College
2500 80th Street East
Inver Grove Heights, MN 55076

PHONE: 651-450-3884
FAX: 651-450-3677
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*****Please remember to complete and send back both sides of this document*****