

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 Counselo	or/Medica	al Professional:			
Facility Name:	y 	G	Address:			
	ure of Medical Professional:					
Ι.	Impairment Assessment What is the diagnosis/impairment	irmant?				
			ade?			
C.	When the diagnosis was originally made? Is the patient/student currently under your care?					
D.	When did you last see the p	atient/stu	dent?			
E.	Is the impairment temporary	y (<6 mor	nths) or persistent?			

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- Substanti	1- Negligible	2- Moderate	3- Substantial
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	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							

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