

MEDICAL/PSYCHOLOGICAL DISABILITY

Assessment

The student named below has applied for services from the **Disability Resource Center (DRC)** at Truckee Meadows Community College. In order to determine eligibility and to provide services, we require documentation that verifies the disability and the functional limitations. A diagnosis of a disorder in and of itself does not automatically qualify an individual for in-class accommodations. The documentation must support the request for specific accommodations and academic adjustments.

After completing this form, please return it to the DRC. The information you provide will not become part of the student's educational records, but will be kept confidential, in the student's file at the DRC. This form may be released to the student at their request. Please **contact us** if you have questions. Thank you for your assistance.

STUDENT'S INFORMATION

First Name		Last Name		
Address		City	State	Zip Code
Today's Date	Date Student was Last Seen		Date of Diagnosis	

IMPAIRMENT ASSESSMENT

List the Medical/Psychological Diagnosis of the Impairment(s) by Name and Code (ICD/DSM IV)
How long do you anticipate that the student's academic achievement will be impacted by his/her disability? Check one: <input type="checkbox"/> Less than 6 Months <input type="checkbox"/> 6 Months <input type="checkbox"/> 1 Year <input type="checkbox"/> More than 1 Year
What is the student's prognosis? What are the possible effects the impairment(s) may have in an academic environment?
Is the patient/student currently under your care? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current list of prescribed medications
Possible effects these medications have in an academic environment
Additional Comments

MAJOR LIFE ACTIVITIES ASSESSMENT

Please check any of the major life/academic activities listed below that are substantially affected as a result of the impairment(s).

<input type="checkbox"/> Thinking	<input type="checkbox"/> Reading	<input type="checkbox"/> Writing	<input type="checkbox"/> Learning	<input type="checkbox"/> Concentrating	<input type="checkbox"/> Memorizing	<input type="checkbox"/> Taking Exams
<input type="checkbox"/> Organizing	<input type="checkbox"/> Sleeping	<input type="checkbox"/> Seeing	<input type="checkbox"/> Hearing	<input type="checkbox"/> Talking	<input type="checkbox"/> Breathing	<input type="checkbox"/> Sitting
<input type="checkbox"/> Standing	<input type="checkbox"/> Walking	<input type="checkbox"/> Caring for oneself		<input type="checkbox"/> Interacting with Others		<input type="checkbox"/> Managing Stress
<input type="checkbox"/> Other						

CERTIFYING PROFESSIONAL INFORMATION

Printed Name			
Signature			
License Number			
Address	City	State	Zip Code
Telephone	Fax		

Return to: Truckee Meadows Community College
 Disability Resource Center
 7000 Dandini Blvd, RDMT 122
 Reno, NV 89512

Telephone: 775-673-7277
Fax: 775-673-7207