

MEDICAL / PSYCHOLOGICAL DISABILITY ASSESSMENT FORM

Return to: *Truckee Meadows Community College
Disability Resource Center, RDMT 315
7000 Dandini Blvd.
Reno, NV 89512*

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

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 fax it to the DRC: 775-673-7207. 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.

Print Student's Name: _____

Student's Address: _____

Today's Date: _____ / _____ / _____ **Date of Diagnosis:** _____ / _____ / _____

Date Student was Last Seen: _____ / _____ / _____

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: Less than 6 Months 6 Months 1 Year 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? Yes No

Current list of prescribed medications:

Possible effects these medications have in an academic environment.

Major Life Activities Assessment:

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

Thinking	Reading	Writing	Learning	Concentrating
Memorizing	Taking Exams	Organizing	Managing Stress	Interacting with Others
Sleeping	Seeing	Hearing	Talking	Breathing
Sitting	Standing	Walking	Caring for oneself	Other: _____

Additional Comments:

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Certifying Professional Information

Printed Name: _____

Signature: _____

License Number: _____

Address: _____

Telephone: _____ - _____ - _____ **Fax:** _____ - _____ - _____