



Disability Assessment Form

Student First and Last Name (print): _____

Washburn ID Number: _____

Washburn University and Washburn Institute of Technology provide accommodations to students with disabilities. Students who have submitted a request for accommodations and/or services are asked to submit documentation to establish the presence of a disability and support the requested accommodations. This form must be completed by a licensed/certified professional (not related to the student) within the area of which the diagnosis was made. The more information provided, the more helpful it will be to the student.

Once complete, upload the form to your accommodation request or return this form to Dean Dempsey-Swopes to the email listed below.

Diagnosis 1	
Diagnosis is:	
Disability is:	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary and expected to last:
Level of severity:	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Date of diagnosis:	Date of last visit:
Diagnosis 2	
Diagnosis is:	
Disability is:	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary and expected to last:
Level of severity:	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Date of diagnosis:	Date of last visit:
Diagnosis 3	
Diagnosis is:	
Disability is:	<input type="checkbox"/> Permanent <input type="checkbox"/> Temporary and expected to last:
Level of severity:	<input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe
Date of diagnosis:	Date of last visit:



Please check which of the major life activities listed below are affected by the student's diagnosed disabilities. Please indicate the level of limitation:

Life Activity	Little to No Impact	Moderate Impact	Substantial Impact	Don't Know
Concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sleeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Interactions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hearing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speaking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Self-care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sitting/ Standing/ Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing external distractions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reading/ Seeing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Time management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Timely submission of assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attending class regularly and on time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making and keeping appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stress management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



Please describe student's limitation(s) that interfere with their academic performance or access to campus housing. How does the student's limitation(s) interfere with their ability to perform academically?

Describe the variability of the student's condition. Discuss possible flare ups/episodes that can impact their ability to participate and complete their academic work (including attendance if applicable).

What specific accommodations do you recommend, and how will these accommodations improve the student's academic performance?

Please list any other relevant information you believe, in your professional opinion, would assist with the review of this student's request (additional documentation may be attached if necessary).

I certify that I am the medical provider for the student named above and recommend the accommodations noted on this form.

Name/Title: _____

Address: _____

Phone: _____

Signature of Provider

Date

License Number

Licensing Authority