**Office of Disability Services**

Burton Hall 03
Carleton College
One North College Street
Northfield, MN 55057

Phone: 507-222-5250
Fax: 952-479-5305
disability@carleton.edu

# Disability Documentation Form

***Note:*** *This form can be filled in online using Chrome, Safari, or Internet Explorer.*

Carleton College Disability Services provides academic services and accommodations for students with diagnosed disabilities. The documentation provided regarding the disability diagnosis must demonstrate a disability covered under Section 504 of the Rehabilitation Act of 1973 and Title III of the Americans with Disabilities Act (ADA) of 1990. The ADA defines a disability as a physical or mental impairment that substantially limits one or more major life activities.

The outline below has been developed to assist the student in working with the treating or diagnosing healthcare professional (psychiatrist, psychologist, counselor, therapist, social worker, medical doctor, optometrist, speech-language pathologist, etc.) in obtaining the specific information to evaluate eligibility for academic accommodations.

A. **The healthcare professional(s) conducting the assessment and/or making the diagnosis must be qualified to do so.** These persons are generally trained, certified, or licensed to diagnosis medical conditions.

B. **All parts of the form must be completed as thoroughly as possible.** Inadequate information, incomplete answers, and/or illegible handwriting will delay the eligibility review process by necessitating follow up contact for clarification. ***It is recommended that this form be completed by typing the information into the editable PDF on the following pages.***

C. **The healthcare provider should attach any reports which provide additional related information** (e.g. psychoeducational assessments, neuropsychological test results, Individualized Education Programs [IEPs], etc.). If a comprehensive diagnostic report is available that provides the requested information, copies of that report can be submitted for documentation in lieu of this form. In addition to the requested information, please attach any other information you think would be relevant to the student's academic adjustment.

D. **The information you provide will be kept in the student's file at Disability Services, where it will be held securely and confidentially.** This form may be released to the student at his/her request.

If you have questions regarding this form, please call Disability Services at 507-222-5250. Thank you for your assistance.

Updated Feb. 2017

Carleton

## STUDENT INFORMATION

**(Please Print Legibly or Type)**

**First Name** _____ **Middle** _____ **Last** _____

**Date of Birth** _____

**Status (check one)** ☐**current student** ☐**prospective student**

**Local phone** (_____) - _____ - _____ **Cell phone** (_____) - _____ - _____

**Address** _____

_____

_____

**If current Carleton student, email address** _____

**Other email address** _____

**Important: After documentation is reviewed, Disability Services will send an email notification to the student's Carleton email address, (username@carleton.edu), acknowledging receipt of documentation and the student's eligibility status.**

---

## DIAGNOSTIC INFORMATION

**(Please print legibly or type)**

1. Date of Diagnosis: _____

2. Primary Diagnosis: _____

   Secondary Diagnosis: _____

3. What is the severity of the disorder? ☐ **Mild** ☐ **Moderate** ☐ **Severe**

4. Please state the medication or treatment the student is currently prescribed:

| |
|---|
| |

Updated Feb. 2017

Carleton

5. Major Life Activities Assessment: *Please check each of the following major life activities that are impacted by the disability. Indicate severity of limitations.*

| Life Activity | Negligible | Moderate | Substantial | Not Sure |
|---|---|---|---|---|
| Concentrating | ☐ | ☐ | ☐ | ☐ |
| Memory | ☐ | ☐ | ☐ | ☐ |
| Eating | ☐ | ☐ | ☐ | ☐ |
| Social interactions | ☐ | ☐ | ☐ | ☐ |
| Self-Care | ☐ | ☐ | ☐ | ☐ |
| Regular class attendance | ☐ | ☐ | ☐ | ☐ |
| Speaking | ☐ | ☐ | ☐ | ☐ |
| Learning | ☐ | ☐ | ☐ | ☐ |
| Reading | ☐ | ☐ | ☐ | ☐ |
| Thinking | ☐ | ☐ | ☐ | ☐ |
| Communicating | ☐ | ☐ | ☐ | ☐ |
| Keeping appointments | ☐ | ☐ | ☐ | ☐ |
| Stress management | ☐ | ☐ | ☐ | ☐ |
| Managing internal distractions | ☐ | ☐ | ☐ | ☐ |
| Managing external distractions | ☐ | ☐ | ☐ | ☐ |
| Sleeping | ☐ | ☐ | ☐ | ☐ |
| Organization | ☐ | ☐ | ☐ | ☐ |
| Standing | ☐ | ☐ | ☐ | ☐ |
| Reaching | ☐ | ☐ | ☐ | ☐ |
| Lifting | ☐ | ☐ | ☐ | ☐ |
| Sitting | ☐ | ☐ | ☐ | ☐ |
| Walking | ☐ | ☐ | ☐ | ☐ |
| Performing manual tasks | ☐ | ☐ | ☐ | ☐ |
| Seeing | ☐ | ☐ | ☐ | ☐ |
| Hearing | ☐ | ☐ | ☐ | ☐ |
| Breathing | ☐ | ☐ | ☐ | ☐ |
| Other: | ☐ | ☐ | ☐ | ☐ |

Carleton

6. In addition to the major life activities that are indicated above, please describe any activities that may be impacted by the disability or symptoms that may need to be addressed in the college environment:

7. Please state specific recommendations regarding academic accommodations for this student:

8. Please add any additional comments that you feel appropriate:

Carleton

## HEALTHCARE PROVIDER INFORMATION

**(Please sign and date below and completely fill in all other fields using PRINT or TYPE)**

**Provider Signature** _____ **Date** _____

**Provider Name (print)** _____

**Title** _____

**License or Certification #** _____

**Address** _____

_____

_____

**Phone Number** (_____) - _____ -_____

**Fax Number** (_____) - _____ - _____

Please fill in, print, and send this form to:

**Carleton College Disability Services**
One North College Street
Northfield, MN 55057
Fax: 952-479-5305
Email: disability@carleton.edu

Updated Feb. 2017