

This box to be completed and signed by the student.

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Americans with Disabilities Act  
against discrimination. The h  
life activities.

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of qualifying for accommodat  
space.

## MAJOR LIFE ACTIVITIES ASSESSMENT:

If you can do anything other than no limitation, please describe specifically how the limitation can impact the student in the educational setting e.g. taking notes, studying, completing tests on time, reading, navigating the campus, attending class or any other typical components of college life.

### SPEAKING

Caregiver: No Limitation Mild Moderate Substantial

Describe academic impact of limitations

### HEARING

Caregiver: No Limitation Mild Moderate Substantial

Describe academic impact of limitations

### SEEING

Caregiver: No Limitation Mild Moderate Substantial

Describe academic impact of limitations

### WALKING

Caregiver: No Limitation Mild Moderate Substantial

Describe academic impact of limitations

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WRITING

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C Š 'e one:    No Limitation            Mild            Moderate            Substantial

Describe academic impact of limitations

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SLEEPING

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C Š 'e one:    No Limitation            Mild            Moderate            Substantial

Describe academic impact of limitations

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CONCENTRATION

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C Š 'e one:    No Limitation            Mild            Moderate            Substantial

Describe academic impact of limitations

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MEMORY

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C Š 'e one:    No Limitation            Mild            Moderate            Substantial

Describe academic impact of limitations

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READING

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C Š 'e one:    No Limitation            Mild            Moderate            Substantial

Describe academic impact of limitations

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### CARING FOR SELF

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C Š 'e one:    No Limitation            Mild            Moderate            Substantial

Describe academic impact of limitations:

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### OTHER

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C Š 'e one:    No Limitation            Mild            Moderate            Substantial

Describe additional limitations and academic impact of limitations:

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### ADDITIONAL INFORMATION

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1) Is the student currently under your care?

Yes

No

Length of Care:

2) What is the current diagnosis(es)? Please use ICD 10 codes:

3) When did you last examine the student?

4) Are the limitations described above permanent, if not how long will they be present?

5) List medications which the student is taking and please describe any problematic side effects:

6)

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