



MAJOR LIFE ACTIVITY ASSESSMENT:

Please Circle the level of limitation created by the student's diagnosis(es) and if you circle 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

Circle one: No Limitation Mild Moderate Substantial

Describe academic impact of limitations:

Two horizontal lines for describing the academic impact of speaking limitations.

HEARING

Circle one: No Limitation Mild Moderate Substantial

Describe academic impact of limitations:

Two horizontal lines for describing the academic impact of hearing limitations.

SEEING

Circle one: No Limitation Mild Moderate Substantial

Describe academic impact of limitations:

Two horizontal lines for describing the academic impact of seeing limitations.

WALKING

Circle one: No Limitation Mild Moderate Substantial

Describe academic impact of limitations:

Two horizontal lines for describing the academic impact of walking limitations.

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BREATHING

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Circle one: NoNLG



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CARING FOR SELF

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Circle one:    No Limitation            Mild            Moderate            Substantial

*Describe academic impact of limitations:*

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OTHER

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Circle 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 (circle one)            Length of Care: \_\_\_\_\_

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

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3) When did you last examine the student? \_\_\_\_\_

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

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

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