



**Disability Documentation for a Physical Disability**

The student below is requesting academic accommodations from Illinois Central College due to a disability. Current and comprehensive documentation must be provided by a **Qualified Professional**. This form must contain **all of the requested information** in order for the student to receive accommodations.

**Student's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

I am requesting academic support services through the ADA office at Illinois Central College. They require current and comprehensive documentation of my disability/medical condition as one of the criteria used to evaluate my eligibility for disability related accommodations or services. Please respond to the following questions as soon as possible and send to the ADA Coordinator by mail or email. I authorize the ADA Coordinator to contact you if clarification is needed.

**Signature:** \_\_\_\_\_

**CERTIFYING PROFESSIONAL\***

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Profession: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**ICD-9 or ICD-10 Diagnosis:** \_\_\_\_\_

Date of Diagnosis: \_\_\_\_\_

Please provide a brief summary of clinical and/or observational data (e.g. recent lab/bloodwork results, test results, ongoing medical therapy):

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Please describe the symptoms and functional impairments:

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Is the condition:  Acute  Chronic  Episodic

Please explain: \_\_\_\_\_  
\_\_\_\_\_

Current level of severity:  Mild  Moderate  Severe

Expected duration:  Long term (> 6 months)  Short term (3-6 months)  Temporary (< 3 months)

What exacerbates the specific disability(ies) this student has (please be as specific and detailed as possible)?

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**Medication(s)** (Prescribed medications, dosages, schedules, and potential side effects) that pertain to this student’s diagnosis:

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Below are some major life activities that may be affected because of the condition. Please indicate the level of limitation in each, without medication and when the student is actively taking medication.

Life Activity:	Without Medication or					With Medication or Mitigation			
	No Impact	Moderate Impact	Substantial Impact	Don't Know		No Impact	Moderate Impact	Substantial Impact	Don't Know
Concentration									
Memory									
Sleep/waking									
Eating									
Social Interaction									
Self-care									
Managing internal distractions									
Managing external distractions									
Complex/abstract thinking									
Attending class regularly and on time									
Making and keeping appointments									
Stress management									
Organization and prioritization of tasks									
Other:									

## **Clinical Summary**

What barriers to access is the student encountering in the academic setting as a result of the disability and/or current treatment?

Please indicate your **recommendations** regarding reasonable academic accommodations or services to equalize the student's access to educational opportunities at Illinois Central College. Please be aware that Illinois Central College reserves the right for final determination of appropriate accommodations.

What parts of the student's academic, social, or campus life experience will the student be unable to access without your recommended accommodations?

### **Return documentation to:**

Illinois Central College  
**ATTN: Kendra Belk**  
5407 N. University  
Peoria, IL 61615  
**Fax #:** 309-690-6876  
**Office #:** 309-694-5749  
**Email pdf to:** [accessservices@icc.edu](mailto:accessservices@icc.edu)