



## ACCESS SERVICES

### DOCUMENTATION OF DISABILITY FORM

The student below is requesting accommodations at Illinois Central College on the basis of a disability. Current and comprehensive documentation should be provided by a **licensed professional** that is **qualified to diagnose** the disability for which the student is needing accommodations. This form must contain **all of the requested information** in order for the student to receive accommodations. The documentation must include:

1. A specific, current diagnosis which indicates the nature, frequency, and severity of the symptoms upon which the diagnosis was given.
2. Prescribed medications, dosages, schedules, and side effects which may influence the types of accommodations provided.
3. A clinical summary which: a) suggests how the specific effects of the disability may be accommodated; b) states how the effects of the disability are mediated by the recommended accommodations; c) indicates the substantial limitations to major life activities imposed by the disability; and d) describes the extent to which these limitations would impact the academic context for which accommodations are being requested.
4. Information given must be complete and legible. Incomplete or missing information, as well as illegible handwriting may delay the processing of the request and issuance of accommodations. Further follow-up for clarification may be required in this case.

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

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

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

I am requesting academic support services through the Access Services 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 Access Services Coordinator by mail or fax. I authorize the Access Services Coordinator to contact you if clarification is needed.

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

**Certifying Professional:**

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

Profession/Title: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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**Disability/Diagnosis:** \_\_\_\_\_

Date of diagnosis: \_\_\_\_\_

Please describe the symptoms and functional impairments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is the disability / 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 (<3months) \_\_\_\_\_

Medication(s) (Prescribed medications, dosages, schedules, and potential side effects) that pertain to this specific diagnosis: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Major Life Activities Impact Chart:

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

Without Medication or

With Medication or Mitigation

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?

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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.

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

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**Return Documentation to:**

Illinois Central College  
**ATTN: Cal Braun**  
1 College Dr.  
East Peoria, IL 61635

Phone #: (309) 694-5749  
Email pdf to: **AccessServices@icc.edu**