



Re: Disability and Impairment Assessment Form

Dear Student:

Washburn University and Washburn Institute of Technology provide disability-related accommodations in compliance with the Americans with Disabilities Act (as amended) and Section 504 of the Rehabilitation Act of 1973.

To request a reasonable accommodation in order to allow you to participate in, and have access to, the program benefits and services of your education, contact the Campus Advocate by telephone at (785) 670-3364 or email at Shelley.Bearman@washburn.edu. The Campus Advocate will arrange a meeting to engage you in a cooperative process to determine what, if any, accommodations are needed.

Prior to the meeting you should take this form to your healthcare provider. Upon receipt of the completed form from your healthcare provider, the Campus Advocate will arrange a meeting with you and your professor(s) to discuss possible accommodations. The Campus Advocate will determine what, if any, reasonable accommodations are necessary and effective in allowing you to perform the essential functions of your course work.

Please have the appropriate health care professional complete the following assessment form and provide any additional information relevant to this request. The assessment form will need to be signed, dated and returned to the Campus Advocate for review.

Should you have any additional questions or concerns, please contact me directly.

Sincerely,


Shelley Bearman
Campus Advocate

Washburn University [prohibits discrimination](#) on the basis of race, color, religion, age, national origin, ancestry, disability, sex, sexual orientation, gender identity, genetic information, veteran status, or marital or parental status. The following person has been designated to handle inquiries regarding the non-discrimination policies: Dr. Pamela Foster, Equal Opportunity Director/Title IX Coordinator, Washburn University, 1700 SW College Ave, Topeka, Kansas 66621, 785.670.1509, eodirector@washburn.edu.

DISABILITY AND IMPAIRMENT ASSESSMENT FORM

Patient Name (Please print)

Position Title of Health Care Provider (Please print)

1. What is the diagnosis (e.g., medical, DSM-5, etc., list all that apply):

2. Date of original diagnosis:

3. Date of patient's last evaluation:

4. Using the chart below, please check any major life activities substantially affected as a result of the disability and/or impairment and explain the limitations.

Life Activity	Yes	No	Functional Limitation on the Major Life Activity
Breathing			
Caring for oneself			
Concentrating			
Hearing			
Interacting with others			
Lifting			
Reaching			
Reading			
Seeing			
Sitting			
Sleeping			
Standing			
Talking			
Walking			
Working			
Organizing			
Initiating Work			
Memory			
Stress Management			
Timely submission of assignments			
Understanding directions			
Managing internal/external distractions			



5. What limitation(s) is interfering with academic performance or accessing a benefit of education or on campus housing?

6. What academic function(s) or benefits of education is the student having trouble performing or accessing because of the limitation(s)?

7. How does the student's limitation(s) interfere with his/her ability to perform the academic function(s)?

8. What accommodations do you recommend **AND** how will these accommodations improve the student's academic performance?

9. Additional information that will assist Washburn University in determining appropriate reasonable accommodations:

Health Professional's Information:

Name (Please print) _____

Type of practice/Medical Specialty: _____

Address: _____

City/State/Zip Code: _____

Telephone: _____ Fax: _____

(Signature of Health Professional)

(Date)

Please return this form to:
Shelley Bearman, Campus Advocate
Washburn University Institute of Technology, 5724 SW Huntoon St., Topeka, KS 66604-2117
Fax: 785.273.7080 Phone: 785.670.3364