

DOCUMENTATION OF A DISABILITY OR MEDICAL CONDITION

Student Name: _____

Date: _____

Medical Provider Information: Chronic Health Impairments (This form is to be completed by a health professional) Please complete the following information to assist Lebanon Valley College in determining your patient's need for Academic Accommodations and/or Special Housing Accommodations. The information which you provide will become a part of your patient's medical record at Lebanon Valley College. Thank you for your assistance.

A disability is defined under the Americans with Disabilities Act as "a physical or mental impairment that **substantially** limits a major life activity".

Examples of major life activities are: walking, speaking, breathing, hearing, seeing, thinking, sitting, sleeping, working, learning, interacting with others, concentrating, performing manual tasks, or caring for oneself.

1. Based on this definition does the individual have a physical or mental impairment?
_____ Yes _____ No

If the answer to question 1 is yes, please answer the following questions:

- a. What specifically is the impairment? _____
- b. Which major life activities are limited by the impairment? _____
- c. How many days/months did the impairment limit major life activities during the past year?

- d. What is the expected duration of the impairment? _____
- e. What are the expected permanent or long-term effects of the impairment? _____

- f. Does the student take medication? _____ Yes _____ No
- g. Does medication relieve the symptoms? _____

2. If applicable, state how the condition currently affects the student's ability to participate and learn.

3. If applicable, the following academic accommodations may or may not be appropriate. Which would you recommend?

- Extended time on tests
- Priority seating
- Audio-taped class lectures
- Limited class load
- Peer note takers or notes provided by instructor
- Separate test administration (distraction free environment)
- Copies of overheads and PowerPoint presentations
- Flexible deadlines on assignments, negotiated on a case-by-case basis
- Flexibility in class attendance on a case-by-case basis (with limitations)
- Access to elevators
- Other (please specify)

4. If applicable, state specifically what special housing accommodations you recommend and what benefits these accommodations will have with regard to the individual's impairment.

Doctor's Name: (Please print) _____

Signature: _____

Fax to: Yvonne Foster, Psy.D.
Director Disability Services
(717) 867-6091

Mail: Yvonne Foster, Psy.D
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