



RE: Disability And Assessment Form

Dear Student:

Washburn Institute of Technology (WU Tech) provides academic accommodation to students with disabilities. **The Americans with Disabilities Act (ADA) of 1990/Americans with Disabilities Act Amendments Act (ADAAA) defines a disability as a physical or mental impairment that substantially limits one or more major life activities (ADAAA, 2009).** To determine eligibility for accommodations, WU Tech requires current within in three years and comprehensive documentation of the student's disability from the diagnosing physician or healthcare provider. Items 1-9 must be completed in full. If space provided is not adequate, please attache a separate document.

Take the attached Disability and Assessment Form to a medical provider qualified to give diagnostic testing and diagnosis for requested accommodations. The medical provider should attach any reports with related information (e.g., psycho-educational report and test scores). The description of diagnosis should include a list of the diagnostic tests utilized, a list of the results of the diagnostic procedures and tests, and the dates they were administered. Forms that are not complete in full will delay the application.

Additionally, Kansas state law moved technical education into post secondary education, granting the student rights to privacy. Students under the age of 18 wishing to include parents or guardians in discussions about accommodations need to complete a WU Tech FERPA form available on our website: www.washburntech.edu/statements-disclosures/ferpa.html.

Requests for accommodations should be submitted at least **TWO MONTHS** before services should begin; however, if you have a current accommodation need, please contact the Campus Advocate/ Services Coordinator immediately. Thank you for considering WU Tech for your educational needs.

Sincerely,

Shelley Bearman, M.S.
Campus Advocate/Services Coordinator
5724 SW Huntoon Street
Topeka, KS 66604
Ph: 785-670-3364
Fax: 785-273-7080
Email: shelley.bearman@washburn.edu

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: Equal Opportunity Director/Title IX Coordinator, Washburn University, 1700 SW College Ave, Topeka, Kansas 66621, 785.670.1509, codirector@washburn.edu.

DISABILITY AND IMPAIRMENT ASSESSMENT FORM
To be complete by a medical provider

Student/Patient Name (Please print)

Student email

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

2. Date of first evaluation with student:

3. Date of last evaluation with student:

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
Attending class regularly			
Breathing			
Caring for oneself			
Concentrating			
Hearing			
Interacting with others			
Initiating Work			
Math Skills			
Making/Keeping Appointments			
Managing external distractions			
Memory			
Organizing ideas			
Reading and comprehension			
Seeing/vision			
Sleeping			
Social Interactions			
Stress Management			
Timely assignment submission			
Understanding directions			
Working independently			
Writing			

Additional Remarks (optional):



5. What limitation(s) is interfering with academic performance or accessing a benefit of education or on campus housing/dining? How does the student’s limitation(s) interfere with his/her ability to perform the academic function(s)?

6. What academic functions is the student having difficulty with because of the limitation(s)? (e.g., in a classroom setting, or university meal plan).

7. Circle severity of the condition: Mild Moderate Severe. Explain severity below:

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

9. State the reason for this recommendation related to the student's condition.

Healthcare Professional’s Information (cannot be a relative of the student):

Healthcare Provider's Name (Please print) _____

License # _____ Licensing Authority _____ State _____

Type of Practice/Medical Specialty: _____

Address: _____ City/State/ZipCode: _____

Telephone: _____ Fax: _____

I am the medical provider for the student named above and recommend the disability accommodations on this form.

(Signature of Healthcare Provider)

(Date)

Please return this form to:

Campus Advocate/Services Coordinator

Washburn Institute of Technology, 5724 SW Huntoon Street, Topeka, KS 66604-2117

Fax: 785-273-7080 Phone: 785-670-3364