



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. Additionally, Kansas state law moved technical education out of secondary education and 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 Tech FERPA form available on our website [www.washburntech.edu/statements disclosures/ferpa.html](http://www.washburntech.edu/statements%20disclosures/ferpa.html).

To request a reasonable accommodation download the application from our website [www.washburntech.edu admissions disability.html](http://www.washburntech.edu/admissions%20disability.html). An additional application titled Self Assessment is also available on our website listed above and is required for classroom accommodations. Please note classroom accommodations must be renewed each semester a student is enrolled at WU Tech using the self assessment application form.

Take the attached form to your healthcare provider or licensed professional qualified for diagnostic testing and diagnosis for requested accommodations. This cannot be a member of the student's immediate family. Upon receipt of the completed form, a determination will be emailed to the student using the email provided on the Form. The student can request a meeting by phone, zoom, email, or in the office to discuss possible changes and ask questions.

The

Thank you for considering Tech for your educational needs.

Sincerely,

Shelley Bearman, M.S.
Campus Advocate/Services Coordinator
Building A, Room AC-117
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, eodirector@washburn.edu.



DISABILITY AND IMPAIRMENT ASSESSMENT FORM

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 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			
Initiating Work			
Math Skills			
Managing distractions			
Memory			
Organizing			
Reaching			
Reading and comprehension			
Seeing/vision			
Sitting			
Sleeping			
Standing			
Talking			
Timely assignment submission			
Understanding directions			
Walking			
Working independently			



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

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:

Healthcare/Licensed Professional's Information:

Name and Credentials (Please print) _____

Healthcare/Licensed Professional email: _____

Type of practice/Medical specialty: _____

Address: _____

City/State/Zip Code: _____

Telephone: _____ Fax: _____

(Signature of Health Professional)

(Date)

Please return this form to:

Campus Advocate/Services Coordinator
Washburn Institute of Technology, 5724 SW Huntoon Street, Building A
Topeka, KS 66604-2117 Fax: 785-273-7080 Phone: 785-670-3364