



Does this disorder(s) substantially limit the student?  YES  NO

Attach any supporting documentation: e.g., psycho-educational evaluations for learning disabilities, audiology reports, vision reports, etc.  Supporting Documentation Attached

Describe the student's condition, symptoms, and the significant impact on life activities, including academics:

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Treatments, medications, assistive devices/services currently prescribed or in use:

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Will medication adversely impact this student, if so how?

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Expected duration of the impact of the disability:

- Temporary – Indicate anticipated recovery date: \_\_\_\_\_
- Permanent
- Chronic
- Episodic/Recurring

Expected progression or stability of the impact of the disability:

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**Recommended accommodations based on the impact of the functional limitations of the disability on academic performance and explain how the limitation would be mitigated by the accommodation to allow the student equal access in the course, program, institutional activities and/or facilities.** *\*\*Recommendations for accommodations are useful in helping the college determine how best to assure access for the student. When those recommendations are in keeping with our policies and practices they may be followed as shown. When the recommendations are for support or structure outside the scope of those necessary for access, the student will be referred to other resources and programs that may be able to assist \*\**

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Name of Diagnostician/Professional: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

License #: \_\_\_\_\_

Organization: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Attach Additional Documentation as Necessary**

**Submit this Form and Any Documentation to:**

**Gloria Leak, MS, LCAS, LCMHC, CRC**

**Student Support and Accessibility Advisor**

**Lenoir Community College**

**PO Box 188, Kinston, NC 28502**

**Email: [ggleak92@lenoircc.edu](mailto:ggleak92@lenoircc.edu)**

**Voice: (252) 527-6223 ext 331**

**Fax: (252) 233-6899**