

Student Support and Accessibility Services: Telephone: 252-527-6223 ext. 331 Fax: 252-233-6899

Disability Documentation Form

Student Name:			Student ID:		
	(Last	First	MI)		

IMPORTANT: The Americans with Disabilities Act (ADA) and the ADA Amendments Act of 2008 (ADAAA) define a disability as a physical or mental impairment that substantially limits one or more major life activities. In order to assign the most appropriate academic adjustments, auxiliary aids, and/or services - accommodations, LCC requires current and comprehensive documentation of the student's disorder. It is the responsibility of the student to obtain documentation and present a copy to the Accessibility Advisor. Thorough completion of this form is necessary for Student Support and Accessibility Services to process the student with a disability's request and assign accommodations, if deemed reasonable and appropriate in accordance with Section 504 of the Rehabilitation Act of 1973 and the ADAAA of 2008. Insufficient information may result in delays or failure to assign the most beneficial accommodations. Please note the following information:

- Any record provided to Counseling and Disability Services becomes part of the student's "education record" pursuant to the Family Educational Rights and Privacy Act (FERPA). Under the privacy protections and access provisions of FERPA, the student has the right to inspect his or her own education records if requested.
- A current diagnostic code (DSM-IV, IV-R, V), date of diagnosis, date of last visit, and severity of the condition should be included, as well as treatment history and treatment plan. The Disability Services office reserves the right to request additional documentation if deemed necessary to provide reasonable and appropriate accommodations
- The impact of the disabling condition on the individual should be discussed with particular detail regarding the impairment(s) and the functional impact on one or more major life activities. Be advised that documentation consisting of <u>only</u> a diagnosis, chart notes, and/or prescription pad notations is insufficient. **It is requested that handwritten documentation not be submitted.
- If specific recommendations of accommodations are made, the rationale must relate the accommodation to the functional limitations imposed by the disability and how implementation of the accommodation will mitigate/alleviate the impact of the limitation to provide the student equal access to the educational experience. **Please note that 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 made aware of other resources and programs that may be able to assist
- Visual or hearing loss documentation must include an acuity and/or audiology report that addresses the current impact of the disability, as well as information about the specific assistive technology used by the student.

TO BE COMPLETED BY DIAGNOSTICIAN OR TREATING PROFESSIONAL

Date of Birth:		_		
DSM-V or ICD Diagnosis(es):				
Diagnosis	Code	Initial Date	Most Recent Date	Frequency of Office Visits
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Diagnosis	Code	Initial Date	Most Recent Date	Visits



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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:				
Treatments, medications, assistive devices/services currently prescribed or in use:				
Will medication adversely impact this student, if so how?				
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:				
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: glleak92@lenoircc.edu

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