



## Documentation Form

**To be completed by a medical professional.** This student is seeking to receive academic accommodations through Disability Services at Lake Superior College. In order to ensure the provision of reasonable and appropriate services, documentation must be provided by a medical provider who can verify a disability, which is defined as an impairment which substantially limits a major life activity. To facilitate the implementation of accommodations, we ask that you provide the following information:

**Date:**

**Student's Name:**

**Student's Date of Birth:**

**Health Professional's Name & Title:**

**Clinic Name & Address (*stamp is acceptable*):**

**Clinic Phone #:**

**Clinic Fax #:**

**Health Professional's Signature:**

**\*\*\*If available, please attach any relevant information, assessments or evaluations.\*\*\***

**Fax to: (218) 733-7765; Email: [disabilityservices@lsc.edu](mailto:disabilityservices@lsc.edu) or**

**Mail to: 2101 Trinity Road Duluth MN 55811**

**Phone: (218) 733-7650**

## 1. Impairment Assessment

- A. What is the diagnosis/impairment?
  
- B. Date of diagnosis:
  
- C. Is the impairment temporary? Yes      No
  
- D. Date of last contact with student:
  
- E. Is the patient/student currently under your care? Yes      No

Please describe the severity of the condition and this student's functional limitation in an educational setting.

Is this student taking medication? Yes      No

Are you aware of significant side effects this student has experienced that could interfere with learning in an educational environment?

### **FOR ADHD ONLY:**

What procedures were used to assess/diagnose ADHD?

Describe developmental, medical, psychological or educational history.

Describe the symptoms that meet the criteria for diagnosis.

If this was an adult diagnosis, is there evidence of an early impairment? Yes      No

Were other causes of inattention considered? Yes      No