

Disability Information Request

To be completed by a physician, psychiatrist, social worker, or other licensed health provider

Student's Name: _____

Owensboro Community & Technical College is committed to compliance with the Americans with Disabilities Act (ADA)* and Section 504 of the Rehabilitation Act and provides reasonable accommodations to students with disabilities. The ADA* defines a disability as a "physical or mental impairment that substantially limits one or more major life activities."

Please assist us in determining whether the above named student has a disability under the ADA*, how the impairment might impact the student as it relates to various demands of higher education (academics, social, emotional, physical), and what reasonable accommodation(s) might mitigate the effects of the functional limitations of the impairment.

Provide the following information: Diagnosis (ICD-10 or DSM-5): _____

Date of diagnosis: _____

Describe clinical evidence and/or procedures used to diagnose the impairment: _____

Does the impairment substantially limit one or more major life activities? _____

If yes, which ones? _____

Severity and presenting symptoms and/or functional limitations: _____

Treatments, medications, required medical or assistive devices, and/or services, if any: _____

Potential impact of the impairment and/or side effects: _____

Restrictions, if any: _____

Possible recommendations, based on functional limitations, for accommodations: _____

Please attach any additional information that you believe to be relevant. By submitting this form, the student has given OCTC Office of Disability Services permission to contact you if we have any further questions. Please feel free to contact us for any questions you may have.

Professional's Signature: _____

Printed Name & Credentials: _____

License # _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Date: _____