



Disability Assessment Form

To Whom It May Concern:

A patient/client of yours has requested disability-related services from the Office of Disability Services at Jones International University (JIU). JIU is an online university, providing courses at an accelerated pace. Legal protection and eligibility for such services are based on sufficient documentation to conclude that he or she has an impairment that **substantially limits** one or more major life activities. As this student's treating specialist, you are asked to provide the following information to allow the university to consider this student's accommodation request(s).

1. **Patient/Client Name:**

2. **The Condition of Patient/Client:**

- A. What is the diagnosis/impairment?
- B. When was the diagnosis originally made?
- C. Is the patient/client currently under your care?
- D. When did you last see the patient/student?
- E. Is the impairment temporary (< 3months) or persistent? If temporary, how long should accommodations be provided?
- F. Please identify any factors that may affect the severity of the impairment (e.g., to what degree might the impairment be *minimized* by medications, hearing aids, etc.?) Alternatively, could there be an adverse affect (e.g., medication side effects)?
- G. Are the functional limitations current (affecting the student now) or potential (student has been affected in the past and/or may be in the future)? Please explain.

H. What methods did you utilize to assess the degree of functional limitation/s? Please list or attach under a separate cover.

I. Please list your recommendations for accommodations within the academic environment. Please provide a rationale for any recommendation made utilizing data from objective measures, the educational record, or other data sources. If this is a temporary disability/impairment, please provide a suggestion for the length of time this student should require an accommodation. Please list or attach under a separate cover.

3. Certifier Information:

Clinician Name _____

Medical Specialty _____

License _____

Address _____

Phone _____

Signature _____

Date _____

Please return this form to:

Office of Disability Services, Jones International University
9697 E. Mineral Ave., Centennial, CO 80112
Fax: 303-784-8667 • Phone: 303-784-8368 • Email: disabilities@international.edu