



# NORMANDALE COMMUNITY COLLEGE

## Documentation Form

**To be completed by a medical professional or certified disability specialist.** This student is seeking to receive academic accommodations through the Office for Students with Disabilities at Normandale Community College. In order to ensure the provision of reasonable and appropriate services, documentation must be provided by a medical provider or certified disability specialist who can verify a disability, which is defined as an impairment which substantially limits a major life activity. To facilitate the college's determination of reasonable, college-appropriate accommodations, we ask that you provide the following information:

Student's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Student's Phone Number: \_\_\_\_\_

Student's Address: \_\_\_\_\_

Health Professional's Name & Title: \_\_\_\_\_

Clinic Name & Address (*Please stamp*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Clinic Phone #: \_\_\_\_\_ Clinic Fax #: \_\_\_\_\_

Health Professional's Signature: \_\_\_\_\_

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

Fax to: 952-358-8619; Email: [OSD@normandale.edu](mailto:OSD@normandale.edu) or

Mail to: 9700 France Avenue South, Bloomington, MN 55431-4309

### 1. Impairment Assessment

- A. What is the diagnosis/impairment? \_\_\_\_\_  
\_\_\_\_\_
- B. Date of diagnosis: \_\_\_\_\_
- C. Is the impairment temporary  (< 6 months) or persistent ? \_\_\_\_\_
- D. Date of last contact with student: \_\_\_\_\_
- E. Is the patient/student currently under your care? Yes  No  \_\_\_\_\_
- F. Date patient/student started under your care: \_\_\_\_\_

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

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Is this student taking medication? Yes  No  If so, are you aware of significant side effects this student has experienced that could interfere with learning in an educational environment? \_\_\_\_\_

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**FOR ADHD ONLY:**

What procedures were used to assess/diagnose ADHD? \_\_\_\_\_

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Describe developmental, medical, psychological or educational history. \_\_\_\_\_

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Describe the symptoms that meet the criteria for diagnosis. \_\_\_\_\_

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

Were other causes of inattention considered? Yes  No  \_\_\_\_\_