Disability Services & Resources (DSR) Office
Medical Documentation

Impairment and Disabilit12 Tm h (t120.6 (i.jt12 Tm h activity. This form is designed to help us make that assessment

Student Name:_____ Date of Birth:_____

Please respond to the following items:

Impairment Assessment:

What is the diagnosis/impairment (please include DSM-V or ICD-10):

_____

Is the student currently under your care? _____ Date of last visit:_____ Walking

Reading					
Concentrating		Standing		Bending	