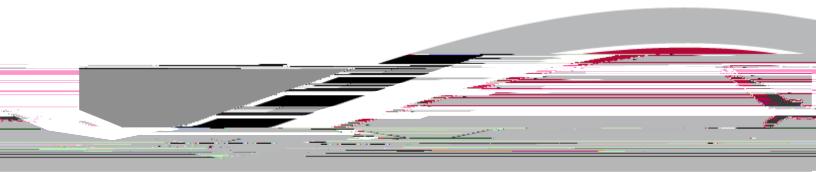


Documentation of Disability Form

- 9 This form may be used to provide documentation for the following disabilities: Attention Deficit, Psychological/Emotional, Health/Physical, and Mobility.
- 9 This formexcludes Specific Learning Disabilities, Traumatic Brain Injuries, Vision Impairments, and Hearing Impairments.



Is the student taking any medication to treat the impairment? YES NO

If YES, does the medication have any effects on learning or functioning in a college setting (e.g., Indicate when the medication is most effective, side effects that affect learning, etc.)?

What methods were used to assess functional limitation? Please list or attach any supporting information to this form.