

DISABILITY RESOURCE CENTER

DOCUMENTING THE STUDENT'S DISABILITY

Berkshire Community College values inclusion and equal access to its programs and activities and is committed to a climate of mutual respect and full participation. Our goal is to create learning environments that are usable, equitable, inclusive and welcoming. Sometimes, this means providing academic accommodations to students with disabilities. Determining the most effective accommodations for a student consists of an interactive dialogue between the student and the specialists in the Disability Resource Center and a review of the student's disability documentation.

As an evaluator, providing the student with the most current, comprehensive disability documentation is critical. We want to ensure the accommodation process goes smoothly and that the documentation supports the need for an academic adjustment. **Please complete all sections of this form thoroughly.**

Date of Evaluation: _____

Student's Name: _____ Date of Birth: _____

1. State the specific diagnosed disability. When applicable, please include a DSM or ICD diagnosis.

2. Rate the current status of the condition and level of severity:

Active Progressing Controlled In Remission
 Mild Moderate Severe

3. Is the diagnosed disability:

Temporary Permanent

If this is a temporary disability, what is the estimated time for recovery:

Less than 6 months

Greater than 6 months

4. Summarize the relevant educational, developmental or medical history that supports the diagnosis.

- a. *For students with learning disabilities, traumatic brain injuries or intellectual disabilities, please describe the comprehensive testing and techniques used to determine the diagnosis and attach the evaluator's full report.*

5. Describe how the disability currently impacts academic performance and/or other major life activity.

6. Describe the specific accommodations you are recommending and explain why they are necessary:

7. Complete the following information about yourself. **Please print legibly.**

Name and Professional Title: _____

Licensure/Certification Number: _____

Phone Number: _____

By providing my signature, I am certifying that I am licensed to make this diagnosis and confirming that this student has a disability that substantially limits one or more major life activity:

Signature: _____ Date: _____

Thank You!