



Section III: Documentation Information (to be completed by provider). Please provide details.

Diagnosis	Date of Diagnosis
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- 1) Please indicate what major life activities are affected by the diagnosis.

- 2) What is the level of the limitation?

- 3) How does the diagnosis impact the student in a college setting - what barriers do they present?
This may include physical and/or cognitive impact.

- 4) If the student is taking medications, are there side effects that need to be considered regarding the student's academic performance?

- 5) Does the condition persist with medication?

- 6) Please describe the expected progression or stability of the impact of the student's disability.

