

Student Information:

Please Return to Student Accessibility Services:

350 New Campus Drive Brockport, NY 14420-2914

sasoffice@brockport.edu

Phone: (585) 395-5409 Fax: (585) 395-5291

IMPAIRMENT AND DISABILITY ASSESSMENT

The State University of New York College at Brockport is able to provide accessibility services for individual students who have a documented disability protected under the Americans with Disabilities Act (ADA). According to ADA, a disability is defined as impairment substantially limiting a major life activity. This form is designed to help our office determine a student's eligibility for services. Student Accessibility Services is ultimately responsible for determining appropriate and reasonable accommodations.

First:	Middle:	La	ast:	
Student 800#:	Email:	Р	hone:	
Provider Information:				
Name:		Practice Name:		
Address:		Phone Number:		
Signature:		Date:		
Current Relevant Diagnos	es:	Diagnosis Date:	Severity:	Anticipated Duration:
Please provide details on the	disability diagnosis, the severity	, and the duration as noted	Mild Moderate Severe	Short Term Episodic Chronic bove:



Name: 800#:

Current Treatment:

Is the student current	ly in treatment with you?	Yes	No
Initial visit date:	Date of last visit:	Total num	nber of visits:
Please provide a brief s	summary of treatment:		

Currently Prescribed Medications:	Side Effects Impacting Student:



Name:	800#

Functional Limitations:

Please indicate level of impact on ability to complete academic program requirements or impact on daily activities:

Functional Area	Substantial	Moderate	Mild	None	Don't Know
Cognitive processing					
Concentrating					
Memory					
Reading					
Writing					
Mathematical reasoning					
Communicating					
Hearing					
Seeing					
Mobility					
Gross/fine motor					
Organization and time management					
Taking exams					
Stress management					
Other:					

Please list the student's current functional limitations that fell into the "substantial" or "moderate" range above and recommend <u>reasonable academic accommodations</u> (ex. Extra time on tests, permission to record lectures, reduced course load, priority registration, etc.) to attempt to mitigate the limitation listed:

Recommended Reasonable Accommodations:
Accommodation duration recommendation (ex. 1 month, 1 semester, duration of college career):
Functional Limitation:
Recommended Reasonable Accommodations:
Accommodation duration recommendation (ex. 1 month, 1 semester, duration of college career):

Continue to page 4 if needed.

Functional Limitation:

Name: 800#:

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