Lake Michigan College Student Outreach and Support Services
Serving Benton Harbor, South Haven, and Niles Campuses
2755 E. Napier Ave Benton Harbor, MI 49022
Phone: (269) 927-8866 Fax: (269) 927-6536

DISABILITY DOCUMENTATION FORM:
MOBILITY/MOTORIC
(INCLUDING LITTLE PERSON/DWARFISM AND HANDS/ARMS)

PLEASE REVIEW CAREFULLY

The individual named below has applied for services from the Student Outreach and Support Services (SOSS) at Lake Michigan College. Lake Michigan College provides academic accommodations to individuals with disabilities. Individuals seeking services must provide appropriate medical documentation of their condition so that the SOSS can: a) determine eligibility for accommodations, and b) if eligible, determine appropriate accommodations.

The Americans with Disabilities Act (ADA) defines disability as "a physical or mental impairment that substantially limits one or more major life activities, a record of such impairment, or being regarded as having such an impairment." Disabilities involve substantial limitations and are distinct from common conditions not substantially limiting major life activities.

Documentation required to verify the condition, severity, and functional limitations includes completion of this form or provision of equivalent information on official letterhead to the SOSS by a medical professional with appropriate training and credentials. Professionals completing this form must have first-hand knowledge of the condition, experience in working with the individual's condition and ideally a familiarity with the physical, emotional and cognitive demands experienced by students in an academic setting. Diagnoses and documentation of mobility/motoric disabilities by relatives are unacceptable.

The completed form may be mailed or faxed to the SOSS using the information above.

_____
Client name: Last, First, Middle Initial

Date of Birth: _____ LMC Student ID (eight digit): _____

Certifying Professional's Printed Name:_____

Credentials/Specialization:_____

License Type: _____

License #:_____State _____Exp. Date _____

Mailing Address:_____

City/State/Zip:_____

Phone: (_____)_____ Fax: (_____)_____

Email: _____

Attach Business Card Here
or
If Submitting Electronically,
Denote your Office Web Address

Office web address _____

Diagnosis/Diagnoses:_____
_____
_____
Date of onset: _____ Date of diagnosis: _____

Diagnostic Tools: How did you arrive at your diagnoses? Describe diagnostic tools and assessments you have used:
_____
_____
_____

☐ Medical testing or evaluation (e.g. MRI, X-ray, Physical exam):
_____

☐ Interviews with the client

☐ Interviews with other persons

☐ Medical history

☐ Self-rated or interviewer rated scales

☐ Other _____

Client's last appointment: (check one)

☐<Month ☐<1 yr ☐>1 yr

Please record the client's appointment/treatment frequency:

_____

Characteristics of Limiting Condition(s): (Check Appropriate Terms)

☐Permanent ☐Temporary ☐Stable ☐Episodic

☐Slow Progression ☐Rapid Progression ☐Improving

If temporary, expected duration until: ____/____/_____

Additional comments/information:
_____
_____

Medication, Treatment, and Prescribed Aids

What treatment, medication and prescribed aids are currently being used to address the diagnosis/diagnoses above?

_____
_____

Does the client use any of the following aids for mobility? (Check all that apply)

☐Manual wheelchair ☐Electric wheelchair ☐Powered Scooter

☐Prosthetic ☐Cane ☐Crutches ☐Walker ☐Brace/Orthotics/AFO

☐Wheeled caddie ☐Service dog

Is the client authorized for State of Michigan Handicap Parking?

Yes ☐ No ☐ If yes, expected duration until: _____/_____/_____

Fully describe impact of medication side-effects that may adversely affect the client's academic performance:

_____
_____
_____

Is the client compliant with medication and prescribed aids as part of the treatment plan? If no, please explain:

_____
_____
_____

Implications for Academic/Student Life

For each major life activity listed, denote whether there is impact from the medical condition. For each major life activity marked, provide an explanation to the right. (e.g., is impact episodic? permanent? How long does impact last? What is the level of severity?) As this is not a comprehensive list of major life activities, feel free to use the "other" spaces at the bottom if needed.

Life Activity: Eating

Substantial Impact? Yes ☐ No ☐

Explanation:

_____
_____
_____

Life Activity: Walking (Can or cannot ambulate 200 feet without assistance?)

Substantial Impact? Yes ☐ No ☐

Explanation:

_____
_____
_____

Life Activity: Gross motor movements (standing, bending, lifting, carrying items)

Substantial Impact? Yes ☐ No ☐

Explanation:

_____
_____
_____

Life Activity: Fine motor movements (typing, writing, texting, grasping, holding items)

Substantial Impact? Yes ☐ No ☐

Explanation:

_____
_____
_____

Life Activity: Self-care

Substantial Impact? Yes ☐ No ☐

Explanation:

_____
_____
_____

Life Activity: Other (explain)

Substantial Impact? Yes ☐ No ☐

Explanation:

_____
_____
_____

Life Activity: Other (explain)

Substantial Impact? Yes ☐ No ☐

Explanation:

_____
_____
_____

Please describe any additional characteristics of the condition that result in limitations relative to academic performance, or use this space to further comment on any of the impacted major life activities:

_____
_____
_____

From your perspective, describe possible accommodations that could facilitate academic performance :

_____
_____
_____

Using the contact information on page one, print, sign below, and fax/send directly to the Student Outreach and Support Services.

Date:

Signature: _____

Signature denotes: content accuracy, adherence to professional standards and guidelines on page 1 of this document.