

**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:
OTHER CONDITIONS
(INCLUDING LITTLE PERSON/DWARFISM, SPEECH, 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 speech and language disabilities, experience in working with the individual’s speech and language disability, and ideally a familiarity with the physical, emotional and cognitive demands experienced by students in an academic setting. Diagnoses and documentation by relatives are unacceptable.

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

LMC SOSS Disability Documentation: Other Conditions

Client name: Last, First, Middle Initial _____

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

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:

- Testing or evaluation
- 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/therapy 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:

Treatment, Therapy and Prescribed Aids

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

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

Please describe any additional characteristics of the condition that result in limitations relative to academic performance:

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.