DOCUMENTATION FOR ACCOMMODATIONS REQUEST

A student, or prospective student, is seeking on-campus accommodations for a reported disability. Documentation of disabilities is required from a qualified professional.

Client/Patient

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Diagnosis/Diagnoses

Are you currently providing treatment for this person? □ Yes □ No

Do(es) the condition(s) listed above have a substantial limitation on a major life activity for this person? □ Yes □ No

Which of these major life activities is limited?

- □ Walking
- □ Seeing
- □ Hearing
- □ Breathing
- □ Manual tasks
- □ Self-care
- □ Learning
- □ Social interaction
- □ Thinking
- □ Concentrating
- □ Reading
- □ Writing
- □ Speaking
- □ Calculating
- □ Working
- □ Other

Specifically describe how the disorder contributes to functional limitations in a higher educational setting for this person, and to what degree.

What tests, if any, were done to determine diagnosis and/or limitations?

Is this disability considered (Required) □ Permanent □ Temporary

If this person is taking any prescribed medications, please describe any functional impairment these medications may likely cause.
What reasonable academic accommodations would you recommend in this case?

________________________________________________________

________________________________________________________

________________________________________________________

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________________________________________________________

________________________________________________________

________________________________________________________

Signed ________________________________________________  ____________________________

(Name and Title of Medical/Clinical Professional)  (Date)

License # ____________________________  State ____________________________

(Please print or type.)

Name ____________________________  Title ____________________________

Address ____________________________  Phone ____________________________

__________________________________________  Fax ____________________________

Evaluation reports and/or documentation forms themselves do not automatically qualify a student for services from Trident Technical College, or for reasonable accommodations. The Services for Students with Disabilities office will make final decisions regarding accommodations and any other services they or Trident Technical College may provide.

Submit this form (both sides) by mail, fax or in person to the address below, or follow the links below to upload directly to the Services for Students with Disabilities office and schedule an appointment with a Disability Counselor.

Upload Documentation  Schedule Intake Appointment


Trident Technical College
Services for Students with Disabilities
PO Box 118067, CD-M
Charleston, South Carolina 29423-8067
Phone: 843.574.6131 | Fax: 843.574.6812 | TDD: 843.574.6351