



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 _____
Last First MI DOB

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?

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.



Scan to visit the Disability Services
website for more information.

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