Nunez Community College Office of Disability Services

PHYSICAL AND SYSTEMIC (MEDICAL) DISABILITY DOCUMENTATION REQUEST FORM

***This form must contain ALL the REQUESTED INFORMATION and be TYPED or PRINTED in order to apply for accommodations through the Office of Disability Services.***

Student’s Name: ________________________________
Date of Birth: _________________________________
Address: ______________________________________
Phone Number: __________________________________
Student ID#: _________________________________

This student is requesting an auxiliary aid or service, academic adjustment, and/or other accommodations from Office of Disability Services. In order to consider this request, as well as to ensure the provision of reasonable and appropriate auxiliary aids and services, Nunez Policy requires that a Qualified Professional provide current and comprehensive documentation. A qualified professional includes a medical doctor or other qualified healthcare professional who is not a family member of the student. IN ORDER TO BE CONSIDERED CURRENT, THE QUALIFIED PROFESSIONAL’S STATEMENT MUST BE WITHIN 3 YEARS PRIOR TO THE DATE OF THE MOST RECENT REQUEST FROM DISABILITY SERVICES.

The documentation provided must include information that diagnoses a physical or systemic (medical) disability, describes the functional limitations in an educational setting, indicates the severity and longevity of the physical or systemic (medical) disability for the purpose of determining academic adjustment(s) or other accommodation(s), and lists current medication along with any current side-effects which may impact academic performance.

If it is a visual disability the documentation must include the student’s visual acuity (best corrected), a description of the effects of the visual problems, and a recommended font size for text when enlarged text is recommended as an accommodation.

To facilitate the gathering of such critical information, please respond to the following and return to NCC, Office of Disability Services.

1. Diagnosis _________________________________
2. Date of Diagnosis: __________ Date of Last Contact with Student: __________
3. Provide a summary of the student’s educational, medical, and family history that relates to the physical or systemic (medical) disability (difficulties must be related to the diagnosed disability and are not the result of other conditions, cultural differences, or insufficient instruction):

______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Effective August 2022
4. Describe the student’s functional limitations in an educational setting:

__________________________________________

__________________________________________

__________________________________________

5. List current medication along with any current side-effects which may impact academic performance:

__________________________________________

__________________________________________

6. Please indicate the RECOMMENDATIONS you have regarding necessary and appropriate auxiliary aids or services, academic adjustments or other accommodations to equalize the student’s educational opportunities at NCC as justified based of the functional limitations indicated above.

Please check all that apply:  ____ extended time (1.5x)   ____ distraction-reduced environment

____ alternative test format   ____ consideration for absences  ____ no scantron   ____ class notes

____ books on tape   ____ enlarged text (font size ___)   ____ reader   ____ scribe

____ other (describe below)______________________________________________

__________________________________________

Qualified Professional’s Signature: _________________________________________
Printed Name & Title: _______________________________________________________
Daytime Telephone Number: ________________________________________________
Address: __________________________________________________________________
Date: ____________________________________________________________________

NOTE: Our policy regarding documentation prohibits the dissemination of documentation to you or anyone requesting it once it is received. Therefore, once this form is submitted, we will be unable to disseminate copies to anyone.

Nunez Community College Office of Disability Services 3710 Paris Road • Chalmette, LA 70043
Phone: 504-278-6278 • Fax: 504-278-6487
Email: disabilityservices@nunez.edu

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