



# WESTMONT

## Documentation Form for Students with Mobility Impairments

The student named below has applied for services from the Disability Services (DS) at Westmont College. In order for DS to establish whether this student has a disability and to determine eligibility for services we will need your assessment and diagnosis of this student. A disability is defined as a physical or mental impairment that limits one or more major life activities such as those delineated below. You can fax or mail the form to us at the address listed on this form. If you prefer, you can answer these questions in a signed and dated letter on your professional letterhead.

For more information on Disability Services visit our website at [Westmont.edu](http://Westmont.edu).

Today's Date: \_\_\_\_\_

Student's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_  
                                    Month                                    Date                                    Year

1. What is the diagnosis/impairment?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. What is the date of diagnosis/impairment?

\_\_\_\_\_

3. Major Life Activities Assessment: Please use a checkmark to indicate the disability's impact, if any, on the activities listed below, and describe the impact if appropriate.

<b>Life Activity</b>	<b>No impact</b>	<b>Moderate impact</b>	<b>Severe impact</b>	<b>Don't know</b>	<b>Please describe if moderate or severe impact</b>
Walking (e.g. how far/long can student walk, use of mobility devices such as wheelchair, etc.)					
Standing (e.g., duration)					
Sitting (e.g., duration)					
Performing manual tasks (e.g., reaching, manipulating materials & lab equipment, etc.)					
Writing/Keyboarding (e.g., unable to keyboard more than 10 min., unable to handwrite, etc.)					
Speech Impairment					
Breathing					
Sleeping (or attach most recent sleep study)					
Caring for oneself (e.g., personal care, laundry, household tasks, etc.)					
Hearing (or attach most recent audiogram)					
Vision (or attach most recent eye exam)					
Other					

4. Please describe the effect of the medical condition, including side effects, on academic performance (e.g., concentration, reading, thinking, learning, etc.) and attendance.

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5. Please list medications and possible side effects on academic performance and attendance.

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6. If student is undergoing treatment, please describe how treatment (e.g., frequency of treatments, side effects of treatments, etc.) may affect student’s performance and attendance.

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7. Will the functional limitations last for the duration of the student’s matriculation at Westmont College?

Yes \_\_\_\_\_ No \_\_\_\_\_

8. If functional limitations fluctuate, how frequently did the student experience flare-ups within the past 12 months or since onset of diagnosis?

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9. When and/or how often should the student be evaluated? Or, if limitations are not permanent, when will the injury be resolved?

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10. Please attach any relevant supporting documentation

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11. Recommendations for accommodations

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**Certifying Medical Professional**

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Signature of Medical Professional

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Professional's Name

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Fax

Return to:  
**Westmont College**  
**Office of Disability Services**  
**Attn: Sheri Noble**  
**955 La Paz Rd.**  
**Santa Barbara, CA. 93108**  
**Or FAX or Email to: 805-56507244 or snoble@westmont.edu**