

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.

Life Activity	No impact	Moderate impact	Severe impact	Don't know	Please describe if moderate or severe impact
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.

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

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.

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?

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

10. Please attach any relevant supporting documentation

11. Recommendations for accommodations

Certifying Medical Professional

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 ods@westmont.edu