



Certification of Medical or Psychological Disability

Application for services: Please have your medical professional fill out this form only if you have been diagnosed with a medical or psychological disability. Once the diagnosing medical professional has completed the form, you should submit the form to the Disability Support Services Coordinator, along with any other written verification of a disability that you wish to be considered. *This form is only to be used for persons diagnosed with a medical or psychological disability.*

Student's Name: _____

Today's Date: _____ Date of Diagnosis: _____

Date Student was Last Seen: _____

Diagnosed medical condition (*for medical disability only*): _____

DSM-IV diagnosis (*for psychological disability only*):

Axis I:

Axis II:

Axis III:

Axis IV:

Axis V (GAF score):

1. What major life activity is affected by the diagnosis? What is the level of limitation?

2. How might the student's disability affect his/her academic performance?
3. What medication is the student currently taking? Does the condition persist with medication? How might side-effects, if any, affect the student's academic performance?
4. Please describe the expected progression or stability of the impact of the student's disability.
5. Is there anything else you think we should know about the student's medical/psychological disability?

CERTIFIED PROFESSIONAL

Print Name: _____

Signature: _____

License Number: _____

Address: _____

Telephone: _____ Fax: _____

Please return completed form to one of the following disability services advisors:

For Canton or Havana campus→

Andrea White
Spoon River College
23235 North County 22
Canton, IL 61520
or
fax to: 309-649-6393

For Macomb or Rushville campus→

Andrea White
Spoon River College
208 South Johnson
Macomb, IL 61455
or
fax to: 309-649-6393